

2020 Reptile Camp Registration Form

Jeff Hathaway, Managing Director
 c/o Scales Nature Park, 705-327-2808
 82 Line 15 South, Oro-Medonte, ON, L3V8H9
scalesnaturepark@gmail.com



CAMP REGISTRATION INFORMATION					
CAMPER'S NAME (first/middle/last)					
DATE OF BIRTH (YYYY/MM/DD)				SEX (M/F)	
CAMPER'S ADDRESS(street name/#)					
APT.#:		CITY:		POSTAL CODE:	
PHONE #:			E-MAIL:		
PARENT/GUARDIAN INFORMATION & PICK-UP AUTHORIZATION					
MOTHER/GUARDIAN'S NAME(first/last)					
ADDRESS: (if different from Camper)					
APT.#:		CITY:		POSTAL CODE	
HOME PHONE# ()		BUSINESS PHONE#()		CELL PHONE#()	
FATHER/GUARDIAN'S NAME(first/last)					
ADDRESS(if different from Camper)					
APT.#:		CITY:		POSTAL CODE	
HOME PHONE# ()		BUSINESS PHONE#()		CELL PHONE#()	
NAME OF ADDITIONAL PERSONS AUTHORIZED TO PICK UP CAMPER					
1) NAME(first/last):			RELATIONSHIP TO CAMPER:		
HOME PH#		BUS. PH#		CELL PH#	
2) NAME(first/last):			RELATIONSHIP TO CAMPER:		
HOME PH#		BUS. PH#		CELL PH#	
CHECK OFF THE WEEK(S) YOU'RE REGISTERING FOR					
Session #	Dates	Ages	Cost	Register	Notes:
1	July 6-10	7/9 -10/12	\$245.00		
2	July 13-17	7/9 -10/12	\$245.00		
3	July 20-24	7/9 -10/12	\$245.00		
4	July 27-31	7/9 -10/12	\$245.00		
5	August 3-7	7/9 -10/12	\$245.00		
6	August 10-14	7/9 -10/12	\$245.00		
7	August 17-21	7/9 -10/12	\$245.00		
8	August 24-28	7/9 -10/12	\$245.00		

****Please see the Policies and Procedures page for our Refund and Cancellation Policy.****

Staff initial below to authorize that all forms have been completed properly

Staff Name _____ Initial _____ Date _____

PLEASE ENSURE THESE FORMS ARE FILLED OUT IN FULL! ITS YOUR CHILDS SAFTEY AT RISK!

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EMERGENCY INFORMATION

Camper's Name		Ontario Health Card#
Doctor's Name	Doctor's Phone ()	
Emergency Contact Name	Home Phone ()	Cell Phone ()

HEALTH HISTORY AND PERSONAL INFORMATION

The more information you can provide, the better we can meet your child's needs. If there is additional information of a sensitive nature, please send a separate letter marked "confidential" to the attention of the Camp Director. Whatever information you send to us will be treated with confidence and respect, and shared appropriately with staff.

Vaccination: What is the approximate date of child's last tetanus shot? ____/____/____

- | | | | |
|--------------------------------------|--------------------------|-----------|--------------------------|
| Diphtheria | <input type="checkbox"/> | Rubella | <input type="checkbox"/> |
| Polio | <input type="checkbox"/> | Pertussis | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Mumps | <input type="checkbox"/> |
| Meningococcal Disease | <input type="checkbox"/> | | |
| Varicella – if born in 2010 or later | <input type="checkbox"/> | | |

Is the Camper under any form of treatment for an illness, condition or injury?

Yes No

If yes, please explain in detail treatment and medications to be used at camp....

- | | | |
|-------------------|------------------------------|-----------------------------|
| Carries Inhaler: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carries Epi-pen: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carries Insulin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wears Medic-Alert | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Allergies Yes No

- | | | | | |
|--|--|---------------------------------|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Knee | <input type="checkbox"/> Asthma | <input type="checkbox"/> Sight |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Back | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Learning Delay |
| <input type="checkbox"/> Bleeding/Clotting | <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Injury | <input type="checkbox"/> Hearing | <input type="checkbox"/> Behavioural |

Dietary Needs or Restrictions: Vegetarian Vegan Other

Details: _____

Medications: _____

Please sign below giving permission for senior staff to administer your child's medication if needed.

Signature of Parent/Guardian: _____.

Please sign below giving permission for senior staff to administer Benadryl for allergic reactions.

Signature of Parent/Guardian: _____.

**ALL MEDICATIONS MUST BE CLEARED AND CHECKED BY SENIOR STAFF
 PRIOR TO THE START OF EACH CAMP DAY!**

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REGISTRATION PROCEDURES

Please e-mail us at: reptilecamporillia@gmail.com with any questions you may have about registration or camp programs. A minimum 50% deposit is required at time of registration to reserve a placement. Payments can be made by: email transfer, cash, debit, cheque, MC/VISA. Final payment is due 1 week prior to camp. Please complete one application form per participant. Additional application forms are available through our web-site at www.scalesnaturepark.ca. There are 10 spots available. Incomplete registrations will not be processed until missing information is completed in full. Prior to your chosen camp date you will receive a complete parent/camper information package containing details on the camp program, a packing list and extended care arrangements.

REFUNDS AND CANCELLATIONS

Full refunds apply if cancellation occurs more than 1 month prior to camp session, or 1 week for medical reasons. Refunds will not be issued if the camper is removed from the camp program by the camper's parent/guardian, or is dismissed from camp for contravention of camp guidelines or the camp code of conduct for behaviour. We reserve the right to cancel registrations and to not accept responsibility for the camper if the camper's medical information is not completed or if the authorization is not signed by the parent/guardian and returned prior to the commencement of the camp session. Reptile Camp reserves the right to cancel programs due to inadequate registration.

CODE OF CONDUCT

Developing an understanding of and responsibility for individual potential includes accepting responsibility for actions. While under the leadership of skilled staff, the activities that your child will engage in as a participant at Reptile Camp may involve risk - risk in choices made and any physical activity undertaken by the participant. As a condition of participation you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant's senses. A Participant's possession or consumption of alcohol, tobacco products, illegal or harmful substances will result in immediate dismissal from the program. You agree that no refunds will be granted for participants dismissed from camp for possession or consumption of these substances. You agree that intentional participant behaviour that puts the camper or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Reptile Camp Director.

AUTHORIZATION

Reptile Camp is not responsible for any bodily injury, loss or damage to personal property suffered by the participant either before, during or after the program; unless such injury is the direct and sole result of negligence on the part of Reptile Camp. The safety of each individual is of the utmost importance to us. To ensure the safety and well-being of all participants, we reserve the right to alter the program at any time without compensation to participants, or parents/guardians. In registering, I am permitting my child _____ to attend Reptile Camp. I, the undersigned parent or guardian, have provided a complete health history and permit my child to participate in the full range of camp activities, except as noted in the provided information. In the event of injury or illness, I authorize camp staff to initiate or authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the camper. Such action is to be taken only when immediate contact with the undersigned or any authorized emergency contacts cannot be made. I understand and give consent for pictures/video taken at camp to be used for promotion. I have read and understand the payment and cancellation procedures, and the code of conduct as detailed on this page. I agree that the health history is correct to the best of my knowledge and the participant has permission to engage in all activities, except as noted.

Signature of Parent/Guardian

Parent/Guardian Name (printed)

Date

PLEASE RETURN COMPLETED REGISTRATION FORMS TO:

Phone: 705-327-2808

Scales Nature Park

reptilecamporillia@gmail.com

Privacy Statement: We are committed to protecting personal information through responsible information handling practices in keeping with privacy laws. We collect and use personal data in order to better meet your needs, to ensure the safety of children in our care, to inform you about programs or services, and to comply with government and regulatory obligations.