







# RKY CAMP

**TEACHING CHILDREN TO WORK TOGETHER**  
**• MIND • BODY • SPIRIT • RESPONSIBILITY •**

## RKY CAMPER HEALTH INFORMATION 2012

Campers Name:			Birth date:			Ontario Health Card #:				
Doctor's Name:			Doctor's Phone #:			Heath Insurance Name and Policy Number:				
PARENT / GUARDIAN CONTACT #1					PARENT / GUARDIAN CONTACT #2					
Name					Name					
Last:		First:			Last:		First:			
Address:				Apt #	Address:				Apt #	
City:		Province:		Postal Code:		City:		Province:		Postal Code:
Home Phone:			Business:			Home Phone:			Business:	
Cell Phone:			Email:			Cell Phone:			Email	
<input type="checkbox"/> Please check box if you would like to receive emails. Much information through the year is transmitted through email.					<input type="checkbox"/> Please check box if you would like to receive emails. Much information through the year is transmitted through email.					
Only the above parent/guardian contacts will be authorized to pick up your child on the last day. Any changes to pick up should be made in writing to the camp director.										

## EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1 (Other than above)					EMERGENCY CONTACT #2 (Other than above)					
Name					Name					
Last:		First:			Last:		First:			
Address:				Apt #	Address:				Apt #	
City:		Province:		Postal Code:		City:		Province:		Postal Code:
Home Phone:			Business:			Home Phone:			Business:	
Cell Phone:			Email:			Cell Phone:			Email	

## HEALTH HISTORY AND PERSONAL INFORMATION

<p>Are you child's immunizations up to date?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Details): _____</p> <p>History of Communicable Diseases and Heath Issues (Please Describe)</p> <p><input type="checkbox"/> Asthma _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Hay Fever _____</p> <p><input type="checkbox"/> Skin Conditions _____</p> <p><input type="checkbox"/> Hepatitis _____</p> <p><input type="checkbox"/> Chicken Pox _____</p> <p><input type="checkbox"/> Mumps _____</p> <p><input type="checkbox"/> Behavior Issues _____</p> <p><input type="checkbox"/> Is your child on a medical vacation while at camp? Y / N</p> <p><input type="checkbox"/> Epilepsy _____</p> <p><input type="checkbox"/> Fainting _____</p> <p><input type="checkbox"/> Heart Condition _____</p> <p><input type="checkbox"/> Frequent Colds _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/></p> <p>Dietary Needs <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other _____</p>	<p>Allergies (Please check all that apply and describe)</p> <p><input type="checkbox"/> Seasonal _____</p> <p><input type="checkbox"/> Food _____</p> <p><input type="checkbox"/> Insect _____</p> <p><input type="checkbox"/> Drug _____</p> <p><input type="checkbox"/> Other _____</p> <p>Camp medical staff are able to provide over the counter medications for common ailments. Drugs provided can include acetaminophen, ibuprofen, cold medication, Gravol, etc... Please indicate any drugs that you do not wish us to provide if needed.</p> <hr/> <p style="text-align: center;">Required Medications While at Camp and Dosage</p> <p style="text-align: center;">_____</p> <p>Please ensure that all medications are given to camp medical staff upon drop off in original packaging with clear dosage instructions.</p>
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## RKY CAMP 2012 TERMS AND CONDITIONS

### Registration

All programs are based on a first come first serve basis.  
Incomplete applications will not be processed.  
A 10% deposit is required to hold your spot upon registration.

All camp fees are subject to 13% HST.

All fees, unless otherwise arranged with the camp registrar or camp director are due **May 1<sup>st</sup>, 2012**. Individuals failing to provide full payment may lose their spot.

### Cancellation Policy

All cancellations must be made in writing either to the camp registrar or Camp Director.

In the event of a cancellation made prior to May 1<sup>st</sup>, 2012 a full refund will be given less the 10% deposit.

Cancellations made on May 1<sup>st</sup> to May 30<sup>th</sup>, 2012 are eligible for a 50% refund, less the 10% deposit.

Cancellations made on or after June 1<sup>st</sup>, 2012 for non medical reasons are not eligible for a refund.

Cancellations made on or after May 1<sup>st</sup>, 2012 for medical reasons must be accompanied with a doctors certificate and receive approval from the camp director.

RKY Camp reserves the right to cancel programs two weeks prior to their start date due to poor registration. In the event of a cancellation full refunds will be given

Refunds will not be issued to campers removed from camp programming either by the choice of the parent, camp medical staff or Camp Director.

### Valuables and Belongings

Valuables such as hand held video games, iPods, music players and cell phone are not permitted at camp.

As such RKY camp is not responsible for the loss or damage of electronics.

Lost and found will only be kept by RKY two weeks after each session. Unclaimed items will then be donated to charity.

## RKY Waiver of Liability 2012

Every camping program involves some degree of risk, as does any learning experience. Should you have any questions about the risks associated with any aspect of our camping program, or about the measures we take to minimize risk, please do not hesitate to contact us.

### Authorization

By registering my child for camp I am giving consent for him/her to participate in all camp activities. I have disclosed all the necessary information about my son/daughters needs and abilities on the registration form.

I am aware that my son/daughter may be removed from the program if I fail to share the requested information with RKY Camp. I grant permission for RKY Camp to share information about my child and family with program partners and other community agencies as necessary.

Participation in camp requires that every camper have health insurance coverage. In addition, certain health/medical information must be made known to RKY Camp staff so that camp staff are prepared to respond appropriately should the need arise. I will inform RKY Camp of any changes in my child's health. I certify that my child meets the required age, as well as emotionally and physically capable of participating in the activities for which he/she is registered. In case of emergency I grant RKY Camp officials authority to act on my behalf.

To the best of my knowledge, my child is in good health. I will notify the Camp if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. In case of surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, selected by the Camp Director, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.

### Code of Conduct

The safety of each individual is of the utmost importance to RKY Camp. I, and my child, recognize a personal responsibility to learn and follow safety and other rules established by RKY Camp staff at all times. I, and my child, understand that any behavior that places my child or others at risk physically or emotionally (including harassment and/or bullying) may result in immediate dismissal or removal from the program without refund. RKY has a zero tolerance violence and bullying policy. For more information please refer to the Parent Handbook.

### Media Release

I grant permission to RKY Camp and persons acting for or through RKY Camp the right to use, reproduce, and/or distribute photographs, films, video tapes and sound recordings of my child, for use in materials they may create for purposes of promoting the RKY Camp.

In order to ensure the safety and well-being of all participants, the YMCA reserves the right to alter the program at any time without compensation to participants, parents or guardians. I have carefully read, understand and freely and voluntarily accept RKY Camps Terms and Conditions as well as the RKY Waiver of Liability 2012. I have the authority to sign on behalf of the child's/children's, I am the parent/s and or legal guardian/s. I agree to assume any expense(s) arising from program dismissal. I understand no refund will be granted for dismissal or removal of my child/children at my or my child's/children's request before the end of a camp session.

In registering, I am permitting my child \_\_\_\_\_ to attend RKY CAMP.

PRINT CHILD'S NAME

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date