

Camp Couchiching 2009 Summer Camp Application Form

Side 1

Please note: Forms must be completed prior to registration

Family Information

Is your family information the same as it was on the 2008 summer application form?

No (please fill all boxes below) **OR** Yes (please write your name and skip the family information boxes)

Mother:

Last Name:
First Name:
Home Phone:
Work Phone:
Cell/Pager:
Email:
Occupation:

Father:

Last Name:
First Name:
Home Phone:
Work Phone:
Cell/Pager:
Email:
Occupation:

Address:

Street Address:
Town/City:
Province/State:
Country:
Postal Code:

Emergency Contact #1

Name:
Relationship:
Home Phone:
Work Phone:

Emergency Contact #2

Name:
Relationship:
Home Phone:
Work Phone:

Payment Information

Grand Total Camper/LDP #1	+ \$
Grand Total Camper/LDP #2	+ \$
Grand Total Camper/LDP #3	+ \$
Family Discount <i>(see page 2 of Registration Information)</i>	- \$
Subtotal	= \$
Donation to Cooch <input type="checkbox"/> Building Fund <input type="checkbox"/> Directors Fund <input type="checkbox"/> Camperships	+ \$
Total Camper Fees	= \$

Note: Prices include all applicable taxes

Payment Method

Cheques, Money Order

Please make cheques payable to Epilepsy Ontario

Deposit and post-dated cheques
(Cheques must accompany this form dated no later than April 7th, 2009)

Credit Card (Payment in full only)

Card Holder:

Card Number:

Expiry Date: __ (M) __ (Y)

VISA MasterCard

Authorization - Please check all boxes prior to signing

In registering and permitting my child(ren) _____, _____, _____ to attend Camp Couchiching, I the undersigned parent, guardian, or other duly authorized party, hereby agree as follows:

1. To permit my child(ren) to participate in the full range of Camp activities and authorize the Camp Director and/or his appointee of Staff, in the event of accident, injury, or illness affecting the above named campers, to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may deem essential for the care and well-being of the said campers. Such action is to be taken only when immediate contact with the undersigned cannot be made. Insert any qualifications of the camp's authority as set out above or any medical limitations here: _____
2. I have enclosed a photo of each camper with my registration form.
3. I understand and agree to all of Camp Couchiching's policies and procedures as outlined in the Information Package and Program Guide
4. I understand and am giving permission for Camp Couchiching to use images of my child(ren) for camp related programs and promotions. This includes, but is not limited to: slide shows, camp presentations, website images, plaques, and promotional material.
5. I hereby give authority to transmit health information for the above campers for the purpose of sharing the health information provided with health care professionals, necessary institutions and Camp Couchiching staff.

Date: _____ Print Name: _____ Signature: _____ Relationship to camper(s): _____

Camp Couchiching 2009 Summer Camp Information Page

Side 2

Session Information

Session Information			Taxes are included in all fees
Code	Description	Ages	Fee
2W1	2 weeks, Session 1 - June 28 - July 10 (No mentoring)	6-17**	\$1275
1W1A	1 week, Session 1 - June 28 - July 4	6-17**	\$650*
1W1B	1 week, Session 1 - July 4 - July 10	6-17**	\$650*
	*plus additional \$295 for one on one mentoring		
	**New campers under 14 years old		
L1J	Leadership 1 July, 4 weeks, June 28 - July 24	15-17	\$2340
L2J	Leadership 2 July, 4 weeks, June 28 - July 24	16-17	\$2150

Activity Information

Please see the Program Guide for a full description of all interest sessions available

Please select your interest sessions from the list below

We suggest that campers choose a minimum of one Instructional session

Instructional Swim (I)	Turf (R)	Fine Arts (I)	
Surf (R)	Archery (R)	Performance Arts (R)	
Sailing (I)	Survival (R)	Dance (R)	
Windsurfing (I)	Outdoor Living Skills (I)	Amateur Film (R)	
Canoeing (I)	Sports Mania (R)	Photography (I)	
Kayaking (I)	Racquet Sports (R)	Journalism (R)	
Adventure (R)	Arts & Crafts (R)	Guitar (I)	

(I) = Instructional
(R) = Recreational

Please consult the Information Package & Program Guide for any questions regarding Refund & Cancellation Policy, Program Expulsion Policy, Property Damage, Theft & Loss Policy, Promotional Material Policy, Family Discounts, Transportation, Changeover, and Camp Programs.



Camp Office

3990 Longford Mills Road, Longford Mills, Ontario, L0K 1L0
Phone: (705) 325-3428 Fax: (705) 325-7001

www.campcouchiching.com

Camp Couchiching 2009 Summer Camp Application Form

Camper Information

Would you like a 48 hour phone call from camp to update you on your child's progress? Yes No

Last Name:	Transportation: Please indicate how your child will be arriving to and from camp.				Transportation Total (Box A)												
First Name:					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Bus:</td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/> One Way To Camp (\$25)</td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/> One Way From Camp (\$25)</td> <td style="width: 10%; padding: 5px;">OR</td> <td style="width: 45%; padding: 5px;"><input type="checkbox"/> Round Trip (\$45)</td> </tr> <tr> <td style="padding: 5px;">Airport Shuttle:</td> <td style="padding: 5px;"><input type="checkbox"/> One Way To Camp (\$50)</td> <td style="padding: 5px;"><input type="checkbox"/> One Way From Camp (\$50)</td> <td style="padding: 5px;">OR</td> <td style="padding: 5px;"><input type="checkbox"/> Round Trip (\$100)</td> </tr> <tr> <td style="padding: 5px;">Car:</td> <td style="padding: 5px;"><input type="checkbox"/> To Camp</td> <td style="padding: 5px;"><input type="checkbox"/> From Camp</td> <td style="padding: 5px;">OR</td> <td style="padding: 5px;"><input type="checkbox"/> Both Ways</td> </tr> </table>	Bus:	<input type="checkbox"/> One Way To Camp (\$25)	<input type="checkbox"/> One Way From Camp (\$25)	OR	<input type="checkbox"/> Round Trip (\$45)	Airport Shuttle:	<input type="checkbox"/> One Way To Camp (\$50)	<input type="checkbox"/> One Way From Camp (\$50)	OR	<input type="checkbox"/> Round Trip (\$100)	Car:	<input type="checkbox"/> To Camp
Bus:	<input type="checkbox"/> One Way To Camp (\$25)	<input type="checkbox"/> One Way From Camp (\$25)	OR	<input type="checkbox"/> Round Trip (\$45)													
Airport Shuttle:	<input type="checkbox"/> One Way To Camp (\$50)	<input type="checkbox"/> One Way From Camp (\$50)	OR	<input type="checkbox"/> Round Trip (\$100)													
Car:	<input type="checkbox"/> To Camp	<input type="checkbox"/> From Camp	OR	<input type="checkbox"/> Both Ways													
Date of Birth: D: M: Y:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade (in January 2007):															
Custody (attach documents if necessary):																	



Session Information	Session Code (Please see legend on previous page)	Dates	Fees Total (Box B) (please see rates on previous page)
Camper/LDP			\$

Cooch Games Team:	<input type="checkbox"/> Pine <input type="checkbox"/> Cedar <input type="checkbox"/> Birch <input type="checkbox"/> Spruce <input type="checkbox"/> Don't know <input type="checkbox"/> New Camper	Cabinmate Requests: Please write the names of your cabinmate requests in the space below. #1 #2 #3
Affiliation:	<input type="checkbox"/> None <input type="checkbox"/> Pathways <input type="checkbox"/> Epilepsy Ontario <input type="checkbox"/> Other: _____	
Status:	<input type="checkbox"/> Returning Camper <input type="checkbox"/> New Camper Number of years (including this one): _____	
Referral Source:	<input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Other: _____	

Please select your interest sessions in the space below.
 Space is designated on a first come, first serve basis, so we cannot guarantee a placement in all of your first choices. Please rank in order of preference, as each camper will only be able to participate in 4 of these choices.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additional Programs
 These programs are offered as optional components to camp. Please note that some are offered at an added cost. Please check only one box per option.

Out Trip Option (for Intermediates & Seniors Only)

Poker Lakes Out Trip (no cost)

4 Day Algonquin Out Trip (one month campers only) - \$75

My child does not wish to go on an out trip

Outtrip Total (Box C)
 \$

Senior Day Trip Option (offered to seniors only)

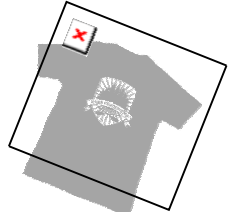
Golf - \$25

Mountain Biking - \$30

My child does not wish to go on a Senior day trip

Day Trip Total (Box D)
 \$

Cooch Clothing 2006	Description	Colour	Price/Quantity	Total	
Camper's Size Please Check One: <input type="checkbox"/> Youth <input type="checkbox"/> Adult Please Check One: <input type="checkbox"/> Small <input type="checkbox"/> XL <input type="checkbox"/> Medium <input type="checkbox"/> XXL <input type="checkbox"/> Large	Cooch Games T-Shirt	<input type="checkbox"/> Pine <input type="checkbox"/> Spruce <input type="checkbox"/> Cedar <input type="checkbox"/> Birch	\$15 x _____	\$	
	Cooch Games Visor	<input type="checkbox"/> Pine <input type="checkbox"/> Spruce <input type="checkbox"/> Cedar <input type="checkbox"/> Birch	\$15 x _____	\$	
	Cooch Logo T-Shirt	<input type="checkbox"/> Pink <input type="checkbox"/> Navy <input type="checkbox"/> White	\$15 x _____	\$	
	Cooch Logo Hoodie	<input type="checkbox"/> Grey	\$35 x _____	\$	Clothes Total (Box E)
	Hat	<input type="checkbox"/> Navy	\$18 x _____	\$	\$



Transportation Total Box A	Fees Total Box B	Outtrip Total Box C	Day Trip Total Box D	Clothes Total Box E	Grand Total
\$	+ \$	+ \$	+ \$	+ \$	= \$

Please read the authorization information on page one of the registration package and check the box below:

I have read and understand the authorization information on page one of the registration package

Signature: _____ Date: _____

Camp Couchiching 2009 Summer Camp Health Form

Please complete one form per child and sign the authorization on the front of this sheet.

Camper's Name:	Health Card # (optional)	Session:
Parent 1 Name:	Home Phone:	Work Phone:
Parent 2 Name:	Home Phone:	Work Phone:

Allergic Reactions <input type="checkbox"/> Environmental <input type="checkbox"/> Penicillin <input type="checkbox"/> Bee/Wasp Stings <input type="checkbox"/> Nuts <input type="checkbox"/> Lactose <input type="checkbox"/> Other Drugs: _____ <input type="checkbox"/> Other Foods: _____	What happens when exposed? <hr/> What is the treatment? <hr/>	Please check if your child has had: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Red Measles <input type="checkbox"/> Asthma <input type="checkbox"/> German Measles <input type="checkbox"/> Appendicitis <input type="checkbox"/> Frequent Colds <input type="checkbox"/> Epilepsy <input type="checkbox"/> Sinus Trouble <input type="checkbox"/> Ear Trouble <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever <input type="checkbox"/> Severe Stomach Aches <input type="checkbox"/> ADHD
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Dietary Concerns <input type="checkbox"/> Vegetarian <input type="checkbox"/> Partial Vegetarian: <input type="checkbox"/> Doesn't eat chicken <input type="checkbox"/> Doesn't eat pork <input type="checkbox"/> Doesn't eat eggs <input type="checkbox"/> Doesn't eat dairy <input type="checkbox"/> Other Dietary Concerns: _____ _____	Sleeping Habits <input type="checkbox"/> Frequently wets the bed <input type="checkbox"/> Occasionally wets the bed <input type="checkbox"/> Walks in sleep <input type="checkbox"/> Nightmares Does your child have any particular fears? <input type="checkbox"/> Yes Explain: _____ _____
Eating Habits <input type="checkbox"/> Fussy <input type="checkbox"/> Average <input type="checkbox"/> Hearty	

Doctor's Name: Doctor's Phone: ()	Social My child makes friends most easily with kids: <input type="checkbox"/> Own age <input type="checkbox"/> Older <input type="checkbox"/> Younger <input type="checkbox"/> All ages <input type="checkbox"/> Adult
Help us best understand your child... Advice about habits, physical or emotional needs (for specific problems, of a confidential nature or where more information is required, please enclose a letter addressed to the Camp Director): _____ _____ _____	Family In the last year have there been any significant changes in family relationships? <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Separation <input type="checkbox"/> Divorce Please explain: _____ _____
	Program Does your child require special assistance to participate in the camp program? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____

Is your child currently on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your child's medication be altered during their time at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____
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Please list any medication, time they are taken, dosage, and purpose:

Medication	Time	Dosage	Purpose

Does your child take any medication on occasion (i.e. pain control for headache):

Medication	Dosage	Purpose

Note: please provide medications in their original containers when packing for camp. We also encourage you to send the medications your child prefers to take on occasion. Ensure that all medications are brought to the Health Centre on the first day of camp.