



# 2012 Registration Form

## CAMPER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthdate (yy/mm/dd) \_\_\_\_\_ Are you returning to Camp Davern? Yes No  
Health Card Number \_\_\_\_\_  
Cabin Mate Request \_\_\_\_\_  
(We will try to honour ONE request for campers of the same age.)

## CONTACT INFORMATION

(Please note that all correspondence will take place with the main contact)

### MAIN CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Camper Parent Guardian Other \_\_\_\_\_

Authorized to pick up camper (both bus and car transportation)

1) \_\_\_\_\_ 2) \_\_\_\_\_

### SECONDARY CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Camper Parent Guardian Other \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT

(will only be used if main or secondary contact cannot be reached)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_  
Cell \_\_\_\_\_  
Relationship to Camper Parent Guardian Other \_\_\_\_\_

How did you hear about us? Please check all those that apply:

- |   |                         |
|---|-------------------------|
| Ottawa Citizen Summer Camp insert         | Word of mouth           |
| Brochure mailed to my house               | Another website         |
| Advertisement in a local newspaper        | Facebook                |
| Camp Davern Postcard                      | Returning camper        |
| National Capital Region YMCA-YWCA website | At your local YMCA-YWCA |
| Alumni/Relative who went to Davern        | Other _____             |
| OttawaCamps.com                           |                         |
| Our Kids magazine/website                 |                         |

### How To Register

To register for camp, please read the enclosed registration information and return a completed Registration Form and Camper Profile Form with payment to us. Registration is accepted on a first-come, first-served basis. Forms and Camper Information Booklets are also available on our website at [www.ymcaywca.ca](http://www.ymcaywca.ca) or by contacting us.

By Mail  
Camp Davern  
c/o Bonnenfant Y Outdoor Education and Leadership Centre  
1620 Sixth Line Road  
Dunrobin, ON KOA 1T0

By Fax  
613.832.4324

In Person  
Your closest National Capital Region YMCA-YWCA location

Contact Us  
613.832.1234  
1.888.241.CAMP  
[campdavern@nationalcapitalregionymca-ywca.ca](mailto:campdavern@nationalcapitalregionymca-ywca.ca)  
[www.ymcaywca.ca](http://www.ymcaywca.ca)

### Financial Assistance

It is our belief that every child should have the opportunity to experience summer camp. The National Capital Region YMCA-YWCA is a charity and through the generosity of our donors we provide opportunities for children and youth to participate in summer camps that they might not otherwise be able to afford.

For a financial assistance application, more information on our extended payment plans or to make a donation, please contact the camp office or visit our website.

### Payment

Full payment at the time of registration is preferred. An initial deposit of \$100 for each camper per session is due at the time of registration. The balance of camp fees is due by June 1. Registrations received after June 1 must be paid in full. Any payments returned NSF are subject to a \$25.00 administration fee.

### Members Rate

Current Y Family or Youth members are eligible to receive a 10% discount on camp fees.

### Refunds and Transfers

Requests for refunds must be made in writing - by mail, email or fax. The camp fee per session, less the \$100 deposit, will be refunded if cancellation occurs before June 1. No refunds will be issued after June 1.

Requests for transfers must be made in writing - by mail, email or fax. Deposits are non-transferable. There is a \$15 fee for transfers between sessions. All transfers must be completed at least two weeks prior to the start of the session date.

No refunds are issued if a camper is required to leave early for medical reasons or is asked to leave the camp program for behavior reasons.

### Code of Conduct

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff, the activities that your child will engage in as a participant at Camp Davern involve risk - in choices made and physical activity undertaken by the participant. As a condition of being allowed to participate in a Camp Davern program, 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 at any time during the program. A participant's possession or consumption of alcohol, tobacco products or 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 Camp Director responsible. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

INITIAL \_\_\_\_\_

## CAMP SESSIONS

Session	Date	Transportation	Session Fee (plus applicable taxes)	Bus Transportation Fee	Fees (Session + bus fees)
Little Davern	August 1 – August 3	Car To camp From camp Bus To camp From camp	\$325	\$25 one way \$40 return	
5 days	July 30 – August 3	Car To camp From camp Bus To camp From camp	\$530	\$25 one way \$40 return	
6 days	July 2 – July 7 July 16 – July 21 August 6 – August 11 August 20 – August 25	Car To camp From camp Bus To camp From camp	\$636	\$25 one way \$40 return	
7 days	July 7 – July 13 July 21 – July 27 August 11 – August 17 August 25 – August 31	Car To camp From camp Bus To camp From camp	\$750	\$25 one way \$40 return	
12 days	July 2 – July 13 July 16 – July 27 August 6 – August 17 August 20 – August 31	Car To camp From camp Bus To camp From camp	\$1150	\$25 one way \$40 return	
LIT	July 16 – July 27	Car To camp From camp Bus To camp From camp	\$1150	\$25 one way \$40 return	
CIT	July 2 – July 27 August 6 – August 31	Car To camp From camp Bus To camp From camp	\$1515	\$25 one way \$40 return	
Leaders	July 2 – July 27 August 6 – August 31	Car To camp From camp Bus To camp From camp	\$1515	\$25 one way \$40 return	

					<b>TOTAL FEES</b>	\$
<b>Would you consider making a donation to help send a child to camp?</b>	\$25	\$50	\$75		<b>10% Y member discount</b> (family and youth members only)	– \$
A tax receipt will be issued for all donations over \$20.	\$100	Other	\$_____		<b>SUBTOTAL</b>	\$
					<b>13% HST</b>	\$
					<b>TOTAL</b>	\$

## PAYMENT INFORMATION

### INITIAL PAYMENT

(minimum \$100 per camper per session payable at time of registration)

Amount of Initial Payment \$\_\_\_\_\_

Method of Payment

Visa
  Mastercard
  Amex
  Cheque
  Cash
  Pre-authorized payment

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

### BALANCE DUE

(June 1, 2012 or at the time of registration if after June 1, 2012)

Amount of Balance Due \$\_\_\_\_\_

Method of Payment

Visa
  Mastercard
  Amex
  Cheque
  Pre-authorized payment

## PARENT/GUARDIAN AUTHORIZATION

I, the undersigned, permit participation in a full range of activities and authorize the Camp Director or his/her appointee, in the event of accident or illness, to 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 participant. Such action is to be taken only when immediate contact with the undersigned cannot be made. I understand pictures/slides/ videos taken at camp may be used for Y promotion, unless the Y is advised otherwise in writing. I have read and understand the refund/transfer policy, code of conduct and payment procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature required)

The National Capital Region YMCA-YWCA is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA-YWCA program or service in which you are registered, to complete payment transactions and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA-YWCA programs, services and opportunities that may interest and benefit you. We do not rent, sell or trade our mailing lists.



# 2012 Camper Profile Form

The information on this form will help us at Camp Davern to best care for your daughter while she is at camp. Please complete this form and return as part of your registration package.

## CAMPER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Session Attending Little Davern 5 day 6 day 7 day 12 day LIT CIT Leaders Session Dates \_\_\_\_\_

## CAMPER HEALTH HISTORY

Health Card Number \_\_\_\_\_

Eating Habits: Hearty Average Fussy

Are there any dietary restrictions or choices that the food services or health care staff need to know about? Yes No

If yes, please detail:

Please describe in detail including treatment or specialized support required at camp. Detail any activities your child is restricted from participating in at camp. Please also add anything else you would like us to know to help your child have a positive camp experience. You may add an additional sheet with details.

Condition	Yes	No	Details
Vaccination			Please indicate date of last vaccination
Allergies Medications Food Insects Other			Epi pen: Yes No
Asthma			
Seizures			
ADD/ADHD			Is your child on a medication holiday?
Diabetes			
Medications			Does your child require medication at camp?
Behavioural Concerns			
Other, please specify			Does your child require additional supports?

Will any prescription or over-the-counter medications be sent with your camper to camp?    Yes    No

If yes, please ensure that all medication is in its original container and is clearly marked with the camper's name and instructions for use. Please drop it off with the Wellness Coordinator on the first day of camp or give it to the Bus Monitor in case of bus travel.

Name of Medication	Form (pill, cream, etc.)	What is the medication for?	Dosage and frequency

Does your camper have any illnesses or conditions that would prevent full participation in a camp program?    Yes    No

If yes, please detail:

Has the camper menstruated?    Yes    No

Sleeping habits (please select all that apply)    Frequent bedwetter    Occasional bedwetter    Nightmares    Talks in sleep    Walks in sleep

### ADDITIONAL INFORMATION

Has your camper attended an overnight camp before?    Yes    No    If yes, where: \_\_\_\_\_

Has your camper participated in an overnight outing from Camp Davern?    Yes    No

If yes, which one?    Bull Rock    Cow Hill    Pioneer Point    Sunrise Hill

Camper is    Eager to attend camp    Urged by parents/guardians

Camper usually makes friends with    Own age    Older    Younger

Does your camper have any particular fears?    Yes    No

If yes, please describe

Last swimming level completed \_\_\_\_\_

Canoe/kayak experience \_\_\_\_\_

What specific things does your camper want to accomplish at camp this year?

In the last year, have there been any significant changes in family relationships?    Marriage    Birth/Adoption    Death    Separation    Divorce

Is there any other information you think we should have that will help camp staff better care for your child? (i.e., bedtime routines, behaviour management strategies)

### AUTHORIZATION

I, the undersigned, permit participation in a full range of activities and authorize the Camp Director or his/her appointee, in the event of accident or illness, to 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 participant. Such action is to be taken only when immediate contact with the undersigned cannot be made. I understand that the pictures/slides/videos taken at camp may be used for Y promotion. I have read and understood the refund/transfer/payment policy and behavioural management policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Signature required)*