

# LONG BAY CAMP - Arts by the Lake

## CAMPER APPLICATION FORM



PLEASE RETURN TO:

Long Bay Camp, 34 Fulton Ave. Ottawa, Ontario, Canada, K1S 4Y6  
(613) 261-6466 (phone) / (613) 723-1634 (fax)  
e-mail: [info@longbaycamp.ca](mailto:info@longbaycamp.ca) / website: [www.longbaycamp.ca](http://www.longbaycamp.ca)

### Camper Information

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
Year Month Day

GENDER:  Male  Female LANGUAGES SPOKEN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_

POSTAL/ZIP: \_\_\_\_\_

NAME OF CAMPER'S SCHOOL \_\_\_\_\_

### Parent/Guardian Information

CONTACT NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

WORK/OTHER #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CAMPER LIVES WITH:  BOTH PARENTS  MOTHER ONLY  FATHER ONLY

OTHER (specify): \_\_\_\_\_

Please indicate your child's current swim skill level:

Non-Swimmer  Beginner  Intermediate  Advanced

PLEASE TELL US ABOUT YOUR CAMPER'S PREVIOUS EXPERIENCE IN THE ARTS:

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PLEASE SPECIFY ANY ALLERGIES OR MEDICAL ISSUES:

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CAMPER WOULD LIKE TO BE IN SAME CABIN AS: \_\_\_\_\_

*Note: Long Bay Camp will make every effort, but cannot guarantee a placement as requested*

HOW DID YOU HEAR ABOUT LONG BAY CAMP: \_\_\_\_\_

OTHER COMMENTS:

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## Long Bay Camp - Arts by the Lake Programs

### Counsellor-In-Training program (CIT)

The CIT program is available in two sessions, CIT-S and CIT-J (each session is two weeks).

**CIT-J:** July 8 – July 21, 2012 (*For campers who have completed Grade 9*)

**CIT-S:** July 22 – August 4, 2012 (*For campers who have completed Grade 10*)

If interested in participating in the CIT program, please ensure to check the CIT box along with the chosen program (Dance, Art, Music or Drama) associated with the same dates.

*Please check one program choice per session:*

Session	Dates	Dance	Art	Music	Drama	CIT
A	Sunday, July 8 to Saturday, July 14					J
B	Sunday, July 15 to Saturday, July 21					J
C	Sunday, July 22 to Saturday, July 28					S
D	Sunday, July 29 to Saturday, August 4					S
E	Sunday, August 5 to Saturday, August 11					N/A

## Program Fees

Number of Sessions	Fee	Discounts	Total Before Taxes	HST (13%)	TOTAL
1 Session	\$940.00	-	\$940.00	\$122.20	\$1062.20
2 Sessions	\$1880.00	(\$100.00)	\$1780.00	\$231.40	\$2011.40
3 Sessions	\$2820.00	(\$200.00)	\$2620.00	\$340.60	\$2960.60
4 Sessions	\$3760.00	(\$300.00)	\$3460.00	\$449.80	\$3909.80
5 Sessions	\$4700.00	(\$400.00)	\$4300.00	\$559.00	\$4859.00

**PLEASE NOTE:**

- Each session is \$940 – there is a \$100 discount provided for every additional session taken (before taxes)
- Deposit required at time of registration (\$300 per week attending)
- Balance due April 30, 2012
- All prices in Canadian Dollars
- Payment is accepted by cheque or money order
- Make payable to "Long Bay Camp"
- Fees do not include transportation

**TOTAL FOR ALL SESSIONS ATTENDING:** \$ \_\_\_\_\_

**I AM ENCLOSING MY CHEQUE / MONEY ORDER FOR:** \$ \_\_\_\_\_

**AS A DEPOSIT (\$300 / WEEK)**       **FULL PAYMENT**

**I AM ALSO ENCLOSING MY CHEQUE FOR THE BALANCE OF:** \$ \_\_\_\_\_ **DATED:** \_\_\_\_\_

*No later than April 30, 2012*

**CONDITIONS OF ENROLMENT**

I understand that my child will participate in the full program and all activities unless I advise the Camp otherwise in writing at the time of application. I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp. I also understand that Long Bay Camp cannot guarantee my child's cabin mate request if they are not registered for the same length of time or are not close in age. To the best of my knowledge, my child is in good health. If there is exposure to any infectious disease and/or any change in my child's condition prior to attending Camp, I will notify the Camp in writing. I give permission to the physician and nurses selected by Long Bay Camp to assess and give medical treatment including prescriptions to my child when necessary. In the event that my child requires prescribed medication, X-ray or treatment beyond which is available at Camp, I understand that I will be responsible for payment.

I have read all the conditions of enrolment and I accept the terms as described.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CAMP PICTURES RELEASE**

Please sign below to grant Long Bay Camp permission to use camp pictures containing your child in promotional materials (brochures, camp newsletters, web sites, camp fair displays, Social Media, videos, etc.).

Parent/Guardian Signature: \_\_\_\_\_

# Camper Medical Disclosure Form

General Information:

Camp Session(s): \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE (DAY): \_\_\_\_\_

PHONE (NIGHT): \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## Emergency Contact if Parents Cannot Be Reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Health History:

- Epilepsy       Eating Disorder       Chicken Pox       Measles       Asthma  
 Contagious Disease       Contact lenses       Other

Please give details: \_\_\_\_\_

## Allergies:

- Insect Bites       Food       Plants       Hay fever       Medicine       Other

Please give details: \_\_\_\_\_

## Medical Concerns:

Please indicate if there are any current medical concerns such as: asthma, bedwetting, psoriasis, etc. Detail the condition and indicate if there are any restrictions to camp activities (use reverse). Please list any medications to be administered at camp.

Name of Medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be taken: \_\_\_\_\_

## Behavioral Concerns:

Please indicate if there are any behavioural concerns such as A.D.D., A.D.H.D., depression, etc. Detail the extent of the condition (use reverse) and list medications to be administered at camp.

Name of Medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be taken: \_\_\_\_\_

Physical limitations which may restrict full participation in camp activities:

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Carries Epi-Pen: \_\_\_\_\_

## Medical Consent:

I am the parent (legal guardian) of \_\_\_\_\_, attending Long Bay Camp and hereby give my consent to Long Bay Camp and its assigned staff to provide any necessary or emergency treatment for my child. To the best of my knowledge this camper does not have a communicable disease, and is physically able to participate in all camp activities. All medical and behavioural concerns have been fully noted. I give permission for this health information to be shared with appropriate camp staff and outside medical personnel. I agree to notify the camp if there are any significant changes to my camper's health, medications or family status between now and the start of camp.

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