

CITY ADDRESS
 30 Duncan Street, Suite 101
 Toronto, Ontario, Canada
 M5V 2C3
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 info@camptimberlane.ca
 www.camptimberlane.ca

CAMP TIMBERLANE

SINCE 1958

SUMMER ADDRESS
 1612 Dudley Rd.
 Haliburton, Ont.
 Canada K0M 1S0
 TEL: 705-457-2813

2012 TIMBERLANE EXPRESS APPLICATION

We welcome your application to Camp Timberlane. Please include one application per camper. Only fully completed applications will be considered.

CAMPER INFORMATION

Camper's Surname: _____

First Name: _____

Middle Initial: _____ Male Female

Date of Birth: ____/____/____
dd mm yy

Present Age: _____ Present Grade: _____

School Attending: _____

Prov. Health Number: _____

Returning? Years at Timberlane: _____

New? _____
(Last Camp Attended)

Swimming level: _____
(Last Red Cross or Royal Life level completed)

We heard about Timberlane from: _____

SESSION DATES & FEES (\$CDN)

**TIMBERLANE EXPRESS TRIPS
FOR CHILDREN AGES 6-8 YEARS**

PLEASE SELECT ONE:

- EXPRESS TRIP #1 (July 15) **Complimentary**
- EXPRESS TRIP #2 (August 5) **Complimentary**

T-SHIRT SIZE: (Please check one)

YS _____ YM _____ YL _____

PRICE INCLUDES:

Complete EXPRESS Trip Program, Transportation, All Meals, Snack & Tuck, Souvenir T-Shirt

FAMILY INFORMATION

Marital Status: Married Separated Divorced Widowed

Custody arrangements: Father Mother Joint

The non-custodial parent should: Be contacted in emergencies Receive duplicate mailings Receive invoices

FATHER

Salutation: Mr. Dr.

Last Name: _____

First Name: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip: _____

Home Phone: (____) _____

Work Phone: (____) _____

Mobile Phone: (____) _____

Summer Phone: (____) _____

Fax: (____) _____

Email Address: _____

MOTHER

Salutation: Dr. Mrs. Ms. Miss.

Last Name: _____

First Name: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip: _____

Home Phone: (____) _____

Work Phone: (____) _____

Mobile Phone: (____) _____

Summer Phone: (____) _____

Fax: (____) _____

Email Address: _____

Alternate Contact (non-parent): Name: _____ Phone: (____) _____
 Mobile (____) _____

Did either parent ever attend Timberlane? No. Yes. Name/Year: _____

Has your camper had psychiatric treatment or have you ever consulted a psychologist or any counseling professional in this field?

Yes No

If yes, please give us details by phone or letter.

Does your camper have any on going medical concerns or chronic illness? _____

Has your camper ever had an eating disorder or displayed similar symptoms? _____

Please state any physical or emotional abnormalities and any other information that may be useful to the camp physician: _____

Does your camper have any medical or physical limitations that would restrict participation in any camp activities? _____

Is there any special treatments, injections, diets or medicine to be administered at camp? Any required materials should be brought with the camper in sufficient quantity to last their stay. Please detail:

Please note: medications – prescription or over the counter drugs, will be administered only if they are properly labeled with written instructions detailing how to dispense the medication.

Please verify the full-immunized status of the child against all of the following if applicable:

____ Pertussis ____ Tetanus ____ Diptheria ____ MMR ____ Meningitius (Menjugate/Prevnar)
____ Hepatitis A ____ Hepatitis B ____ Polio ____ Chicken Pox (Varicella) ____ Flu Shot

Please indicate the date of your camper's most recent Tetanus Booster (yy/mm/day): _____

Please indicate by checkmark if the camper has had any of the following:

____ Chicken Pox ____ Measles, red ____ Measles, German ____ Heart Condition ____ Seizures of any kind ____ Abdominal pain
____ Asthma ____ Whooping Cough ____ Sleep Walking ____ Hay Fever ____ Mononucleosis ____ Ear trouble ____ Hepatitis
____ Emotional Illness ____ Frequent Colds ____ Dental Problems ____ Rheumatic Fever

Please detail any recent problems or elaborate on the above: _____

Has the camper broken any bones? (y/n) _____ (Detail) _____

Any other medical information: _____

Conditions of Enrollment FOR ALL CAMPER PROGRAMS

In consideration of acceptance of this application by Camp Timberlane, I/we hereby agree:

1. that I/We agree to allow my child to participate in the full camp program including all activities and supervised trips.
2. that the Parent or Guardian hereby consents to the use by Camp Timberlane of the camper's photograph for publicity purposes and for publication on the camp website. I further consent to the camp sharing addresses and email addresses with other Timberlane families. No camper or parent shall use any Timberlane name, photo/video on any website or the internet without our written permission.
3. that the Directors reserve the right to dismiss any Camper for non-compliance with camp policies and/or when it is deemed by the Camp Director to be in the best interests of the child and/or the Camp.
4. That camp timberlane has a zero tolerance policy towards smoking, alcohol and drugs. Any non-compliance with this policy will result in immediate dismissal of the camper and forfeiture of camp fees.
5. that Camp Timberlane reserves the right to search my child's belongings and/or packages received in the mail for items prohibited in camp.
6. items not permitted in camp include but are not limited to: ALL food items including peanuts/tree nuts, hair straightners, hot pots, hot sticks, matches, heaters, weapons, dvd players, cell phones and laptops. Any non-permitted items will be confiscated, not returned to campers and may be donated to charity.
7. that parents shall reimburse the camp for any intentional damage or defacement of camp property by the camper.
8. that Camp Timberlane is not responsible for any damage or loss of personal possessions while at camp or while participating in any camp activity. Campers should not bring valuables to camp.
9. to release, waive, absolve, and agree to indemnify, and save harmless Camp Timberlane and its Directors, Officers, Agents, and Employees, and any related company from any and all claims and/or liability for any accident, injury, loss, or sickness to my child arising from participation in any camp activities.
10. that your child's attendance at Camp Timberlane and your relationship with Camp Timberlane, its Directors, Officers, Employees, Medical Staff and Agents shall be governed by the laws of the Province of Ontario and you shall submit to the exclusive jurisdiction of the courts of the Province of Ontario in that regard.
11. If for any reason my child requires medical attention or special medication beyond that furnished by Camp, I agree to be responsible for any expenses incurred.
12. THAT IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician and/or Camp Officials to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. Every effort will be made to contact parent(s) beforehand.
13. that you will keep Camp Timberlane updated on any new medical conditions/information not listed on this application prior to camp.
14. that consent is given to the camp sharing our child(ren)'s contact information with other Timberlane families.

By signing below I confirm I am a legal guardian of my child(ren) and custodial parent(s), and that both parents are in agreement and are aware their child is attending Camp Timberlane and that whomever executes this contract has the legal authority to be able to make the decision to send their child to camp on behalf of both the mother and father. Both parents agree to read the terms of this contract and agree that unless they contact us in writing they both agree to the terms within.

I agree to update the camp of any prior camp or school issues (suspension, discipline) or social, medical, emotional, or psychological issue or any other relevant matter prior to camp that could affect my child or any other child's enjoyment.

I/We confirm that on a canoe trip cellular service may not be available and medical assistance is a minimum of four hours away.

I/We confirm that my child(ren) is capable of participating safely in the full camp program unless I/We advise you in writing and the camp confirms receipt of such information. I further acknowledge that attendance and/or participation at Camp involves risk and hazards incidental thereto, all of which are assumed by me. I hereby waive, release, absolve and agree to indemnify and save harmless Camp Timberlane and Lake of Two Islands Ltd. and their respective officers, directors, employees and agents of any and all liability arising from my child's attendance and/or participation of the Camp program (unless solely as a result of the Camp's willful neglect or willful default).

I have read, understood, and agree to all the terms and conditions of this application including the Conditions of Enrollment and Methods and Conditions of Payment.

Name of parent or guardian (print): _____ Signature: _____

Date: _____

Thank you for considering Camp Timberlane. We look forward to speaking with you soon!