

**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 CAMPER 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)

**ALL PRICES VALID UNTIL JUNE 30, 2012**

- Full Season (June 28 - Aug 17) **\$7950.00**
- 1st Session (June 28 - July 27) **\$5350.00**
- 2nd Session (July 27 - Aug 17) **\$3950.00**

#### Short-Term/Specialty Programs:

- Panda 1 (June 28 to July 13) **\$2675.00 (grades 1 -2)**
- Panda 2 (July 13 to July 27) **\$2675.00 (grades 1 -3)**
- Panda 3 (July 27 to Aug 10) **\$2250.00 (grades 1-3)**
- Dance Camp (July 27 to Aug 3) **\$750.00 (ages 10-16)**
- SKAMP (July 27 to Aug 3) **\$750.00 (ages 10-16)**

- Specialty Camps (July 27 to Aug 10) **\$2250.00 (ages 10-16)**

Please check one:  Ski / Wake Board  Tennis  Golf

**Included:** Tuck, laundry and a camp t-shirt.

**Extras:** Transportation, baggage and applicable taxes.

### 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 any surgeries or injuries in the last 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 (i.e. canoe trips, contact sports) Please detail: \_\_\_\_\_

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 \_\_\_\_ Diphtheria \_\_\_\_ MMR \_\_\_\_ Meningitis (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) \_\_\_\_\_

Has the girl menstruated? \_\_\_\_ Any Problems? \_\_\_\_\_

Any other medical information: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

When either parent(s) are unable to be reached please contact:

1) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Relationship with camper: \_\_\_\_\_

May this person authorize medical treatment in the event a parent cannot be contacted in a medical emergency: (YES/NO) \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Relationship with camper: \_\_\_\_\_

May this person authorize medical treatment in the event a parent cannot be contacted in a medical emergency: (YES/NO) \_\_\_\_\_

3) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Relationship with camper: \_\_\_\_\_

May this person authorize medical treatment in the event a parent cannot be contacted in a medical emergency: (YES/NO) \_\_\_\_\_

I have fully disclosed all medical, psychological and/or emotional problems or concerns. I hereby give permission to the physician/and or camp staff selected by the Camp Director to hospitalize, secure proper treatment for, and/or to order and secure necessary related transportation, injections, anesthetics or surgery for my child as named above. I hereby waive, release and absolve and agree to indemnify and save harmless the camp and their respective officers, employees and agents from all liability arising from my child's participation in their program, except such as results solely from its or their willful neglect or willful default. I confirm that my child is capable in participating safely in a full program including all trips/canoe trips and activities unless I advise you otherwise in writing and I acknowledge that such participation involves risks and hazards incidental thereto all of which assumed by me. I agree to be responsible for any extra medical expenses incurred by my child or by the camp on behalf of my child. I acknowledge that any medical treatment will be performed in the Province of Ontario and that the Courts of Ontario shall have jurisdiction over any claim, legal disputes or commencement of a legal proceeding against camp and/or the camp medical staff, (which includes the camp's physician or nurse) alleged breach of contract, or alleged negligence or other claim that leads to the commencement of a legal proceeding of a legal proceeding against the camp and/or the camp medical staff. I hereby agree that if I commence any such legal proceedings they will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario. I further agree that the resolution of any and all disputes arising between the camp and/or its medical staff shall be governed and construed in accordance with the laws of the Province of Ontario.

Parent/Guardian's Name: \_\_\_\_\_

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

**Referral Program:**

We are pleased to offer our Timberlane families the opportunity to take advantage of our camper referral program. Simply refer a new camper (never before enrolled or attended any Timberlane program) and we will apply a referral credit of 5% of their camp fees to your account.

I AM PLEASED TO REFER THE FOLLOWING NEW CAMPER(S):

FULL NAME	AGE	HOME PHONE NUMBER	RELATIONSHIP

**For Office Use Only:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## METHODS AND CONDITIONS OF PAYMENT

1. Telephone or verbal reservations cannot be accepted. Camper applications must be made in writing and are considered in the order they are received by the camp office.
2. Each application form, must be completed in full and SIGNED by a parent or legal guardian. Applications must be accompanied by a deposit of \$1000.00 per camper.
3. **Balance of all camp fees are payable on or before May 1, 2012.**
4. Refund Policy: before February 1<sup>st</sup> 2012, the deposit will be refunded less a \$300.00 administration charge. \$500.00 is charged for cancellations between February 1<sup>st</sup> 2012 and April 1<sup>st</sup> 2012. \$1000 is charged for cancellations between April 1<sup>st</sup> 2012 and May 1<sup>st</sup>, 2012. **There are no refunds after May 1<sup>st</sup> 2012.**
5. All fees shall be considered due and owing and no refunds shall be given after May 1<sup>st</sup> 2012.
6. There are no deductions or refunds for campers arriving late or leaving before the end of the term.  
**THERE ARE NO DEDUCTIONS OR REFUNDS GIVEN FOR CAMPERS SENT HOME EARLY FOR BREAKING CAMP POLICIES.  
PLEASE REVIEW ALL CAMP POLICIES WITH YOUR CHILD AND MAKE SURE HE/SHE UNDERSTANDS THEM CLEARLY.**
7. 2% interest per month will be charge on unpaid balances after June 1<sup>st</sup>. and NSF cheques are subject to a \$30 service charge.

### Please make all cheques payable to Camp Timberlane.

Out of Canada campers may use VISA, MasterCard, International Bank Draft or International Money Order.  
(US personal cheques will be credited with the current exchange rate on the day of deposit).

### Spending Money:

At Camp Timberlane there is no need for campers to bring money to camp. However, there are occasional opportunities or outings a camper may wish some of their own spending money. The following are the suggested amounts to be arranged as available on account. Most children will not exceed these guidelines and many will not use this at all. Our aim at Timberlane is to keep these to an essential minimum.

2 WEEK CAMPER: \$ 50.00    4 WEEK CAMPER: \$100.00    7 WEEK CAMPER: \$150.00

If camp fees are paid by credit card, this application authorizes us to bill you up to these amounts at the end of a camper's stay at Timberlane. **If your camp fees are paid by cheque, please provide us with either a Visa or Master Card to facilitate any potential expenditures by your child.**

*A detailed statement will be provided to you of all expenditures.*

### DEPOSIT (PLEASE CHECK ONE OF THE FOLLOWING OPTIONS)

- This application is accompanied by my \$1000 deposit cheque . I have included my credit card to facilitate any additional expenditures by my child.
- Please bill my credit card for the required \$1000 deposit per child. I have included my credit card to facilitate any additional expenditures by my child.
- My child is enrolling for DANCE CAMP/SKAMP and therefore I have included full payment of \$847.50 (\$750+HST).

Method of payment:       Cheque       VISA       MasterCard

Name as it appears on Card: \_\_\_\_\_

Visa/MasterCard Number: \_\_\_\_\_      Expiry Date: \_\_\_\_\_  
mm      yy

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

**All balances are due in full by May 1, 2012.**

## CONDITIONS OF ENROLLMENT

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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 and all activities and supervised trips, canoe trips and activities not on camp property.
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 and if so such camper may be dismissed from camp.
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 straighteners, hot pots, hot sticks, matches, heaters, weapons, dvd players, **cell phones** (CIT's and staff excluded), 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!**