

**PLEASANT BAY
CHILDREN'S CAMP**

**2008
CAMPER APPLICATION**

We welcome your interest in our camp. Please read all information in this application before you begin to complete it. **This application must be signed and accompanied by the appropriate deposit before it will be considered.** If you have any questions do not hesitate to call:

Registrar: Bernice Kerr
93 Gilbert St.
Belleville ON K8P 3H1
Phone (613) 962-7686
Fax (613) 962-1367

Camp Managers: Andy and Annette Cabral (905)792-2019
Web site: www.pleasantbaycamp.org
Summer Phone: (613) 399-5877
Summer Fax: (613) 399-5877

CAMPER INFORMATION

Last Name First Name Most commonly used name

Boy Girl School: _____ Last Camp Attended: _____

Grade completed before camp: _____ Health Card Number: _____ Age: _____

Birth date: Month _____ Day _____ Year _____ Home Telephone: _____

Name of Church Attended(If Applicable): _____ Cabin Mate Request(same age-limit one) _____

FATHER/GUARDIAN:

MOTHER/GUARDIAN:

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Phone: Business: _____

Phone: Business: _____

Cell/Pager: _____

Cell/Pager: _____

Fax: _____

Fax: _____

E-Mail _____

E-Mail _____

FAMILY MAILING ADDRESS:

SECONDARY CONTACT:(If above cannot be reached)

Street: _____ Apt. _____

Name: _____

City: _____ Province: _____

Relationship: _____

Postal Code: _____

Telephone: _____

MEDICAL INFORMATION

Does the camper have life threatening allergies?

Yes No

If yes,
explain: _____

Is the camper presently taking any medications?

Yes No

If yes, list
medications: _____

Do you anticipate the camper will require these
medications during their time at camp? Yes No

Other medical
concerns: _____

**A completed Health Form will be required prior
to the start of camp.**

**If your child has social or behavioral issues it is
vital for you to let us know so that we can work
together for a safe and successful camping
experience. Please attach a note.**

STANDARD CAMP POLICIES

1. Pleasant Bay Children’s Camp is a Christian camp and we require all guests to respect and adhere to our standards while on the campgrounds or involved in camp activities. No profanity, illegal drugs, smoking or alcoholic beverages will be tolerated. We respect modest apparel on the grounds and in the water (i.e. no bikinis).
2. REFUNDS – Cancellation more than two weeks prior to camp – full refund less the \$50.00 deposit. No refund will be made with less than two weeks notice or for dismissal due to disciplinary action. No refund will be made for late arrival or early departure.

WAIVERS AND CONDITIONS OF REGISTRATION

1. The directors of Pleasant Bay Children’s Camp reserve the right to terminate the registration of any camper when it is deemed by the directors to be in the best interests of the camper or the camp. A proportionate refund may be made at the discretion of the directors.
2. The parents or guardians submitting this application are those having legal custody over the camper. Conditions of Custody, if applicable, will be fully communicated in writing to Pleasant Bay Children’s Camp including a photocopy of the section of any court order referring to visiting rights.
3. As parent/guardian I give camp officials authority to act on my behalf in case of emergency.
4. I agree to make all payments required in accordance with the rate schedule in effect on the date of registration, to abide by the conditions of enrollment and the refund policy herein. **(2% Per Month, 24% Per Year Interest will be charged on unpaid balances after June 1st. NSF cheques are subject to a \$25.00 service fee and must be replaced by a certified cheque or cash.**
5. I agree to release and indemnify Pleasant Bay Children’s Camp from any and all claims for losses of articles and damages arising as a result of accident, injury or otherwise sustained while participating in any camp activity by the child or children herein registered.
6. The parent/guardian is responsible to ensure the camper is covered by Provincial or equivalent health insurance and communicate the details to the camp.
7. I, the parent/guardian, of the camper consent to the use by Pleasant Bay Children’s Camp of the camper’s likeness (photograph, VCR tape etc.) for the purposes of promotion.
8. I, the parent/guardian, agree to allow the camper to participate in all camp activities and in any supervised trip to places not on camp property (e.g. zoo).

I, the parent or guardian of the camper herein registered, have read and agree to the above policy, waivers and conditions of registration:

Sign

Parent (Guardian)

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Time: _____

Calculation of Fees

(Prices include 3% Provincial Sales Tax and 5% GST)

Waterski School (Ages 7-18)

June 29 – July 4 (\$580.00) \$_____00

General Camp: (Age 7 – 14)

July 6 – July 12 (\$360.00) \$_____00

July 13 – July 19 (\$360.00) \$_____00

July 20 – July 26 (\$360.00) \$_____00

July 27 – Aug. 2 (\$360.00) \$_____00

Aug. 3 – Aug. 9 (\$360.00) \$_____00

Aug. 10 – Aug. 16 (\$360.00) \$_____00

Water Ski Camp: (Age 7 – 14)

July 6 – July 12 (\$490.00) \$_____00

July 13 – July 19 (\$490.00) \$_____00

July 20 – July 26 (\$490.00) \$_____00

July 27 – Aug. 2 (\$490.00) \$_____00

Aug. 3 – Aug. 9 (\$490.00) \$_____00

Aug. 10 – Aug. 16 (\$490.00) \$_____00

Youth Camp: (Age 14 - 18)

Aug 17 – Aug 23 (\$380.00) \$_____00

Additional Fees:

Weekend Fee** (\$50.00) \$_____00 **

(When staying over)

Transportation*** (\$25.00) \$_____00***

(Belleville/Trenton Return)

SEE BELOW***

Includes GST 5% and PST 3%

Total Fees: \$_____00

** If staying more than one week, this fee covers Saturday 11:00 AM to Sunday 3:00 PM

*** **Pickup from and return to bus or train station in Belleville or Trenton. Parent/Guardian must make arrangements with the registrar.**

Payments: Payment in full or

Deposit (\$50.00 per week) \$_____00

Balance on Post-Dated Cheque \$_____00

dated June 1, 2008 or earlier.

Make cheques payable to: **Pleasant Bay Camp.**

SPACE IS ALLOTTED ON A FIRST COME BASIS.

- A limit of two weeks in a row per camper with three weeks total is set.
- Exceptional circumstances may be discussed with the registrar.
- **Reservations will be held for a maximum of two weeks unless accompanied by a \$50.00 deposit.**

CAMPER HEALTH FORM 2008

- Waterski School – Jun. 30 – July 4
- July 6–July 12 July 27-Aug. 2
- July 13–July 19 Aug.3–Aug. 9
- July 20–July 26 Aug.10–Aug. 16

- Youth Camp Aug. 17–Aug 23

Parents/Guardians Please Complete Form (2 Pages) and Sign

Camper Name: _____ Age: ____ Birth date: ____/____/____
DD MM YY

Home Address: _____
(Mailing) Street/Box #

City Prov./State Postal/Zip Code

Telephone: (Home) () _____ (Work) () _____

Provincial Health Insurance Number: _____

Other Health Insurance: _____
(Parent or Guardian is responsible to have insurance covering the camper)

Family Doctor: _____ Telephone: () _____

IN CASE OF ILLNESS NOTIFY: _____ Relationship: _____

Address: _____ Telephone: () _____

IF UNAVAILABLE NOTIFY: _____ Relationship: _____

Address: _____
Telephone: () _____

With whom is the camper living:

Parents Foster Parents Mother: _____

Single Parent Mother Father Father: _____

Guardian Grandparents Guardian: _____

CONSENT

To the best of my knowledge my child is in good health and has not been exposed to an infectious disease in the past four (4) weeks. I will notify the camp if he/she becomes exposed to any infectious disease between now and departure for camp. I hereby authorize the camp nurse and/or camp director to secure such medical advice and services as may be deemed necessary for the health and safety of my child.

Parent/Guardian Signature: _____ Date: _____

Please Complete Form on Page 2

Medical Information

1. Do/have you suffer(ed) from any of the following:
- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting | <input type="checkbox"/> Abscessed Ears | <input type="checkbox"/> Stomach upset |
| <input type="checkbox"/> Ivy, Oak or Sumac Poisoning | | <input type="checkbox"/> Past Operations or serious injury | | |

2. Any Allergies? Yes No If Yes, list below, giving type of reaction and treatment given:
- a) FOOD _____
- b) DRUGS/CHEMICALS _____
- c) OTHER _____

3. Allergic to BEE STING? Yes No *If necessary, see your family doctor to obtain a "bee sting kit"*

4. Are all immunizations up-to-date? Yes No Date of last tetanus shot: _____

5. Are glasses usually worn? Yes No

6. Indicate any recent exposure to contagious disease? _____

7. Any restrictions on swimming? _____

8. Any restrictions to camping activities? _____

9. Has the camper any physical, mental or emotional weakness or disability, chronic condition or recent illness which the staff should be aware of that may require attention (e.g. asthma, seizures). Describe fully (use separate page if necessary):

10. Medication required at camp? Yes No
 Please specify details of medication/treatment required for the above (All medications must be handed to the nurse upon arrival at camp):

For Nurses Use Only

CAMPER ACTIVITY SHEET 2008

(Not Required for Waterski School or Youth Camp)

Mail To: Registrar
Bernice Kerr
93 Gilbert St.
Belleville ON K8P 3H1

Or Fax: (613)962-1367
After July 1st Fax (613)399-5877

Camper Name: _____ Age: _____

WELCOME to Pleasant Bay Camp!

During your stay with us, you will be participating in skills each day. Please select your skills by putting a number in the left column. **Number each skill according to its importance to you, i.e. if trampoline is your first choice put '1' in the priority column, '2' for your second choice and so on.** In the right column please indicate your experience with the skill (beginner, intermediate, advanced) to help us enhance your experience. You will participate in 3 or 4 skills each day. Please choose 6 so that we know your next choices in the event that we cannot meet your first 4 requests. Please note that skill requests are processed according to the date we receive them.

First Week: _____ Date			Second Week: _____ Date		
<input type="checkbox"/> General <input type="checkbox"/> Waterski*			<input type="checkbox"/> General <input type="checkbox"/> Waterski*		
Priority Number	Skill	Beginner-Advanced	Priority Number	Skill	Beginner-Advanced
	Archery			Archery	
	Trampoline			Trampoline	
	Waterskiing			Waterskiing	
	Basketball			Basketball	
	Handcrafts			Handcrafts	
	Sailing			Sailing	
	Canoeing			Canoeing	
	Volleyball			Volleyball	
	Wall Climbing			Wall Climbing	
	Sail Boarding (Age 11+)			Sail Boarding (Age 11+)	
	Red Cross Swimming			Red Cross Swimming	
	Kayaking			Kayaking	

- ***Waterski Camp** – As this is a concentrated waterski program you will participate in waterskiing three times each day. Please select 3 other skills in order of preference..
- As we are limited in the number of campers per activity, completed **activity sheets will be processed according to date received by the camp.**
- The camp reserves the right to withdraw and/or substitute skills if necessary.
- Trail biking and skateboarding electives may be offered. Campers must bring their own helmet, board and pads to participate in skateboarding. Make sure all items are clearly marked with the camper's name. Although the camp will provide a locked room for the items brought, the camp cannot accept responsibility for lost, stolen or broken items.

We know you'll have a great week at ...

PLEASANT BAY CAMP