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SUMMER:
RR2 (38483 Hwy 28)
Palmer Rapids, ON KOJ 2E0

WINTER:
158 Limestone Crescent,
Toronto, ON M3J 2S4

Camper Application

Available online at www.campwalden.ca

Welcome to Camp Walden! Please read **all** of the information in this application before you begin to complete it. If you require assistance, please don't hesitate to call.

Family Information

Parents Guardians:

Father:

Salutation: Mr. Dr. Other _____
Last Name: _____
First Name: _____
Home Telephone: () _____
Bus. # () _____
Cell # () _____
Pager # () _____
Fax # () _____
E-Mail: _____
Occupation: _____

Mother:

Salutation: Ms Mrs. Dr. Other _____
Last Name: _____
First Name: _____
Home Telephone: () _____
Bus. # () _____
Cell # () _____
Pager # () _____
Fax # () _____
E-mail: _____
Occupation: _____

Mailing Address of Family:

Family Mother Father
Street: _____
City: _____ Province: _____
Postal Code: _____

Emergency Summer Contact: (if above can't be reached)

Name: _____
Relationship: _____
Telephone: () _____

If billing address is different:

Name of person billed: _____
Street: _____
City: _____ Postal Code: _____
Main Telephone: () _____

Family Status:

Is there a separation in the family? No Yes
Is there a divorce in the family? No Yes
If yes, who has custody? _____

An enclosed note about custodial arrangements and concerns is important and will be held in strictest confidence. If there is any restriction on either spouse visiting the camper, full documents must be in the camp's possession prior to camp.

Transportation:

Will your camper(s) be travelling to camp from the city listed above: Yes No
If no, specify city: _____

Will you require Camp Walden to send duplicate information to a former spouse or guardian?:
 No Yes
If yes, please indicate below

Basic Medical Information:

Doctor's Name: _____
Doctor's Telephone: () _____
Each Camper will be required to have a completed health history card at camp.

Last Name: _____
First Name: _____
Street: _____
City: _____ Postal Code: _____
Home Telephone: () _____
Relationship: _____

This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheque, VISA or Mastercard) before it can be considered for acceptance.

Camper Information

Last Name: _____ First Name: _____ Most Commonly Used Name: _____
 Girl Boy School: _____ Number of Years at Walden: _____
Grade Completed Before Camp: _____ Prov. Health Number: _____ Birthdate: M/___D/___Y/___
T-Shirt Size: YM YL AS AM AL AXL Camper's Email: _____

Period of Registration

I wish to register my camper for:

- 7 week Full Season
 7 week C.I.T. Program (*The C.I.T. Program is for 7 weeks. You must be 16 years old or turning 16 years old to participate. If you are new to Camp Walden, please send proof of age with this application.*)
 4 week July Session
 3 week August Session
 2 week Walden Explorer Program (*The Walden Explorer program is limited to first time campers that are currently in grades 1, 2, or 3.*)

Walden's fees are inclusive! Please see the enclosed information card for details.

Medical, Behavioural & Dietary Information

If your camper has medical, behavioural, or dietary considerations, it is important for you to let us know. We want to work together with you to provide your camper with the safest and most successful summer possible.

Medical Information

Does your camper have **life threatening** allergies that require an Epi-Pen? Yes No

If yes, allergic to:

Is your camper presently taking medication(s)? Yes No

Please note that Camp Walden cannot support holidays from mood stabilizing medications.

If yes, list medications:

Each Camper will be required to submit a completed Health Form prior to the start of camp. Forms will be in the May Information Package.

Behavioural Information

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

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

Dietary Information

Does your camper identify themselves as a vegetarian? Yes No

Does your camper eat poultry? Yes No

Does your camper eat red meat? Yes No

Does your camper eat fish? Yes No

Does your camper eat dairy? Yes No

Camper Goals

Please list the **most recent** swim award your camper has **completed** (Red Cross, Royal Life Saving):

Is your camper eager to come to camp or is he/she being encouraged by parents?:

Please list your camper's previous camp experience, including name(s) of camp(s) and years attended:

Were these camp experiences satisfactory for your camper?

What would you like your camper to accomplish at camp this summer?

Please outline anything about your camper that might help make this summer more successful.

Camper Cabin Placements

We have always felt that one of the greatest benefits of camping is the development of good social skills. When campers are supported by their parents and camp staff, camp can offer an opportunity for campers to learn how to be accepted as part of a group.

Although we do not encourage grouping requests, we will consider them. Parents should be aware that there are a number of issues that affect our ability to accommodate these requests. It is for these reasons that we ask parents to consider the following carefully before influencing the grouping process:

- a) Being grouped with friends may sometimes create more anxieties than they alleviate.
- b) Requests (and disrequests!) should be made by the families of **both campers**, in writing, either on the application form or on a separate note.
- c) Cabin groups have a maximum size and as a result, we may have to limit the number of requests for any one group.
- c) When friendships interfere with the success of group relations, we will need to work with families as a team to make appropriate changes.

Of course, if at any time a camper has difficulty adjusting to camp or to the group, it is our policy to partner with parents in resolving any issues as quickly and effectively as possible.

I have no preference regarding cabin placements for my child.

OR

If possible, my child would like to be in the same cabin group as last year.

OR

If possible, my child would like to be in the same cabin group as:

1. _____ 2. _____ 3. _____

Your request is a part of the puzzle. Only when campers arrive at camp are our final groups completed. Please recognize that although we collect requests, we do not (and sometimes cannot) always accommodate them. Although we can make guarantees about spaces available in each unit, we cannot guarantee cabin grouping at any time. We welcome your registration with the trust in us that we will do everything possible to assist your camper in enjoying his/her camp experience. We will not accept registrations that are contingent on cabin grouping requests.

Payment Information

1. Please see the enclosed information card for camp fees and deposit amounts.
2. All fees are payable in Canadian funds.
3. Please make all cheques payable to Camp Walden.
4. Out of Canada campers must use VISA, Mastercard, International Bank Draft or International Money Order. Personal cheques cannot be accepted.

DEPOSIT: This application must be accompanied by your deposit

Method of payment: Cheque VISA Mastercard

BALANCE DUE: Final payments will be processed in three equal installments on April 1st, May 1st and June 1st. The method of payment will be the same as the deposit unless indicated otherwise with this application.

Visa/Mastercard Number: _____ Expiry date _____

Signature of Cardholder X _____

Payment is due in full for registrations made after May 1st.

Conditions of Registration:

I/we agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property.

I/we hereby apply for registration for the herein named child(ren) for the camping and transportation services indicated in this application.

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

- a. that Camp Walden reserves the right to terminate the registration of any camper when it is deemed by the Director to be in the best interests of the child or camp. In such an event, it is understood that an appropriate refund will be issued unless the camper is dismissed for infractions of camp's policies in which case, no refund will be issued.
- b. that no verbal registrations can be accepted.
- c. that each application must be completed in full and signed by a parent or guardian in the appropriate places.
- d. that each application must be accompanied by the deposit indicated on the accompanying fee Information Card.
- e. that fees are subject to the Cancellation and Reduction in Session Policy as described on the fee card.
- f. that special considerations for refunds submitted in writing will be considered during the month of September following camp.
- g. that fee reductions will not be made for campers arriving late, leaving early, or missing part of camp.
- h. to ensure that the Camper Health History Form is filled out in full and that the completed form, along with any medications, accompanies the camper to camp on or before opening day.
- i. that campers may be required to participate in a mandatory canoe and/or field trip. Campers that choose to, for whatever reason, not attend this trip will be asked to be returned to their family's care. In this event, no refund can be given and any transportation expenses incurred will be applied to the family's account.
- j. to give camp officials authority to act on my behalf in the event of an emergency and/or special medical treatment.
- k. to pay for the costs of any necessary prescription drugs and/or special medical treatment.
- l. that I have read the conditions of registration and have enclosed the deposit for each application to be applied to the camper's account and that the balance including all taxes will be paid in full by June 1st.
- m. to make all payments required in accordance with the rate schedule in effect on the date of registration, and to abide by the conditions of enrollment and the refund policy herein.
- n. that 25% Interest per annum will be charged on unpaid balances after June 1st and that NSF cheques are subject to a \$30 service charge and will require certified funds.
- o. to release and indemnify Camp Walden from any and all claims for losses of articles and damages arising as a result of any accident, injury, loss, or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- p. to permit, and release and indemnify Camp Walden from any and all claims for losses of articles and damages arising as a result of: the searching of my camper's belongings and/or mail for items sent or brought to camp that appear on our "Do Not Pack List", and the confiscation of and donation of these items.
- q. to consent to the use by Camp Walden of the camper's likeness for publicity purposes.
- r. that I/we are the custodial parents, and that my/our children may only be released to the parent(s) whose signature appears below.
- s. that the relationship and the resolution of any and all disputes arising from my experiences with Camp Walden including but not limited to Camp Walden Staff Doctors, their agents, delegates, employees, or the Health Centre known as MASH shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.
- t. that the Courts of the Province of Ontario shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding, or cause of action whatsoever arising from my experiences with Camp Walden including but not limited to treatment given to me by Camp Walden Staff Doctors, their agents, delegates, employees, or the Health Centre known as MASH. I hereby agree that if I commence any such legal proceedings, that I will do so only in the Province of Ontario.

Father or Guardian X _____ Mother or Guardian X _____ Date X _____

This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheque, VISA or Mastercard) before it can be considered for acceptance.