

"We have fun building GREAT kids!"



CAMP TAWINGO : OVERNIGHT CAMP 2022 APPLICATION
SUMMER FUN FOR BOYS & GIRLS 7 TO 16 YEARS OF AGE



Please send this Application Form to:
Mail: 1844 Ravenscliffe Rd. Huntsville, ON P1H 2N2
Email: summer@tawingo.net
Fax: 705-789-5612
Phone: 705-789 -5612

Please check the session(s) of your choice:

- 1ST (Jul 5-22) 2ND (Jul 24-Aug 12) 3RD (Aug 14-29)
1A (Jul 5-16) 2A (Jul 24-Aug 6) 3A (Aug 14-20)
1B (Jul 17-22) 2B (Aug 7-12) 3B (Aug 21-29)

CAMPER INFORMATION

(Camper's Last Name) (Camper's First Name)

Camper's Birthday / / My camper will be years of age AT CAMP. Gender: Male Female
Pronouns:

Grade in 2021/2022 School Year School.

No. of Years Camper has attended Camp Tawingo's Overnight Camp: Day Camp: Tawingo College:

No. of Years at Other Camps Name of Camp(s).

PARENT INFORMATION

Name of Parent(s) or Guardian(s) With Whom Camper Resides.

Mr. & Mrs. Mr. & Ms. Mr. & Mr. Ms. & Ms. Mr. & Dr. Dr. & Ms. Dr. & Mrs. Dr. & Dr. Mr. Mrs. Ms. Other

Parent/Guardian 1 Last Name Parent/Guardian 2 Last Name

Parent/Guardian 1 First Name Parent/Guardian 2 First Name

Parent/Guardian 1 Home Tel. # Parent/Guardian 2 Home Tel. #

Parent/Guardian 1 Bus. Tel. # Parent/Guardian 2 Bus. Tel. #

Parent/Guardian 1 Cell # Parent/Guardian 2 Cell #

Parent/Guardian 1 E-Mail Parent/Guardian 2 E-Mail

Home Street Address

City Province or State

Country Postal/Zip Code

Fax # Summer Tel. # (if different)

Camper lives: [] with both parents; [] with one parent (please specify); [] other (please specify)

CABIN MATES BEFORE RECORDING ANY CABIN MATE REQUEST, PLEASE READ EACH BULLET BELOW:

- First Year Campers are given preference for cabin mates, although we do consider requests from Veteran Campers as well.
Each request must be reciprocated in order to be fully considered.
If you wish, please list a maximum of two persons, who are your CAMPER'S AGE AND GRADE in school.
We look to TWO NAMES, ONLY; so please limit your choice to two names, and please state them in order of preference.

1. 2.

CAMP ACHIEVEMENTS

I would like my camper to experience/accomplish the following things while at Camp.

Blank lines for listing camp achievements.

REGULAR SESSIONS	INTRODUCTORY SESSIONS (Limited Availability)	SESSION DATES	CAMP FEE	
				Incl. 13% Tax
1ST		Tues., Jul. 5 to Fri., Jul. 22 (18 days)	<input type="checkbox"/>	\$2864.55
	1A	Tues., Jul. 5 to Sat., Jul. 16 (12 days)	<input type="checkbox"/>	\$1982.02
	1B	Sun., Jul. 17 to Fri., Jul. 22 (6 days)	<input type="checkbox"/>	\$1162.77
2ND		Sun., Jul. 24 to Fri., Aug. 12 (20 days)	<input type="checkbox"/>	\$3112.02
	2A	Sun., Jul. 24 to Sat., Aug. 6 (14 days)	<input type="checkbox"/>	\$2434.02
	2B	Sun., Aug. 7 to Fri., Aug. 12 (6 days)	<input type="checkbox"/>	\$1162.77
3RD		Sun., Aug. 14 to Mon., Aug. 29 (16 days)	<input type="checkbox"/>	\$2592.22
	3A	Sun., Aug. 14 to Sat., Aug. 20 (7 days)	<input type="checkbox"/>	\$1213.62
	3B	Sun., Aug. 21 to Mon., Aug. 29 (9 days)	<input type="checkbox"/>	\$1456.57

- Please refer to our "2022 Dates & Rates" sheet (encl.) for **session details** and **eligibility criteria** for some sessions.
- An **application fee** of **\$500.00 per camper, per session** must be paid at the time the application is made. Verbal applications cannot be accepted nor applications without the application fee of \$500.00. The **balance** of the Camp fee is due on **April 1, 2022**.
- **Chartered Bus Transportation** is **not available** on:
 - **July 16 for Session 1A** campers
 - **July 17 for Session 1B** campers
 - **August 6 for Session 2A** campers
 - **August 7 for Session 2B** campers
 - **August 20 for Session 3A** campers, nor on
 - **August 21 for Session 3B** campers.

Session	Camp Fee (not incl. tax)
1ST	\$2535.00
1A	\$1754.00
1B	\$1029.00
2ND	\$2754.00
2A	\$2154.00
2B	\$1029.00
3RD	\$2294.00
3A	\$1074.00
3B	\$1289.00

PAYMENT OF FEES

In order to be fair to those families who are co-operative in this regard, and to help us keep the Camp fee as reasonable as possible, we request your diligence in honouring our payment policy. We cannot guarantee your camper's place will be held if we do not receive payment on time. In order to facilitate this process, please complete the following section:

APPLICATION FEE

- Enclosed cheque or money order payable in Canadian Funds to CAMP TAWINGO for the amount of **\$500.00 per camper, per session**.
- Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the amount of **\$500.00 per camper, per session** to the credit card listed below.

BALANCE DUE (APRIL 1, 2022)

- Enclosed is a post-dated cheque, dated April 1, 2022, and payable in Canadian Funds to CAMP TAWINGO for the balance of Camp fees and taxes.
- Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the balance of the Camp fee and taxes to the credit card listed below on April 1, 2022.

 or  Credit Card Number Expiry Date CVV# _ _ _

Name on Card..... Signature..... Payment \$.....

After March 1st, 2022, the Camp fees and taxes are not refundable unless the space can be filled, or a Doctor's note is provided.

Please note a "Statement Of Account" will be sent to anyone listed as a parent/guardian with an e-mail address. If you have any questions or concerns, or wish to make any further notes for internal use, only, then please contact our office.

OFFICE USE: Date Acknowledged By.....

2022 CAMPER MEDICAL RECORD

WE WILL **NOT REGISTER** YOUR CAMPER UNTIL THIS MEDICAL INFORMATION IS FULL. PLEASE **COMPLETE** BOTH THE **FRONT & BACK** OF THIS PAGE IN ITS **ENTIRETY** INCLUDING **TETANUS IMMUNIZATION DATE** AND FORWARD WITH YOUR CAMPER'S APPLICATION FORM.
THIS PAGE IS GIVEN DIRECTLY TO OUR HEALTH CENTRE STAFF & MEDICAL STAFF.

Please check the session(s) of your choice:

- | | | |
|--|---|---|
| <input type="checkbox"/> 1ST (Jul 5-22) | <input type="checkbox"/> 2ND (Jul 24-Aug 12) | <input type="checkbox"/> 3RD (Aug 14-29) |
| <input type="checkbox"/> 1A (Jul 5-16) | <input type="checkbox"/> 2A (Jul 24-Aug 6) | <input type="checkbox"/> 3A (Aug 14-20) |
| <input type="checkbox"/> 1B (Jul 17-22) | <input type="checkbox"/> 2B (Aug 7-12) | <input type="checkbox"/> 3B (Aug 21-29) |

Camper Medical/Contact Information

CAMPER'S NAME:		GENDER:
(Last Name)	(First Name)	PRONOUNS:.....
HOME ADDRESS:		CITY:
PROV./STATE:	POSTAL/ZIP CODE:	COUNTRY:
HEALTH CARD NUMBER (incl. 2 letters that follow, if applicable):		LETTERS:.....
VALID:	to	BIRTHDATE:
Year Month Day	Year Month Day	Year Month Day

Name of Parent or Guardian: Home Tel. : ().....

Summer Address: Bus.: ().....

..... Cell: ().....

Emergency Contact Name: Emerg. Tel.: ().....

Emergency Contact - Relationship To Camper:

Family Doctor's Name: Doctor's Tel.: ().....

Medically Diagnosed Allergies

Foods (specify):

Drugs (specify):

Other (ie. Bee Stings):

My camper has an Anaphylactic Allergy (Please Specify Allergen(s):.....)

My camper requires an **EpiPen** for the above mentioned allergy(ies) No Yes

My camper should carry his/her/their EpiPen with him/her/them at all times No Yes

(We recommend that campers with anaphylactic allergies to nuts/peanuts and shellfish store their EpiPens at the Health Centre, and campers with bee/wasp/hornet/dairy/egg allergies carry their EpiPen at all times. Please note there are EpiPens readily available at several areas around Camp.)

Food Restrictions/Intolerances (if applicable)

Vegetarian – No Meat Vegetarian – No Meat or Fish Vegan - No Animal Products

Celiac Disease Lactose Intolerant No Pork

- **Note:** All dietary concerns must be listed here prior to the start of the session. All information regarding special dietary needs will be shared with the Food Service Staff.
- Please note that Camp Tawingo menus **DO NOT** cater to likes or dislikes. We have a balanced and varied menu.

Medications

Is your camper bringing medication(s) to Camp? Yes No

Please list **ALL** medication(s) being brought to Camp (please write on a separate sheet if you require more space).

Medication Name	Dosage	Administration Time (s)	Reason for Taking
.....
.....
.....

*CONTINUED ON NEXT PAGE.....

THIS APPLICATION WILL NOT BE PROCESSED IF THIS AREA IS NOT COMPLETED

Please answer the following questions:

1. **TETANUS IMMUNIZATION DATE** (if immunized, immunization must be current and provided here): (DD/MM/YY).....

2. **IS YOUR CAMPER VACCINATED AGAINST COVID-19?** Yes No

If yes, please specify the date(s) immunized and provide proof of vaccination with your application form :

Vaccination #1 (DD/MM/YY):..... Vaccination #2 (DD/MM/YY):.....

3. Has your camper received regular immunizations since birth? Yes No

4. Are there immunizations you have chosen not to give your camper? Yes No

If yes, please specify.....

I understand that in the unlikely event that a disease targeted by Ontario's vaccination program is discovered at camp, children who are unvaccinated will have the option to go home for the recommended period of isolation without any fee adjustment/refund.

(Please Initial)

5. Please indicate any significant medical conditions, limitations, or other concerns which will help us effectively care for your camper:

Asthma - Will your camper bring an asthma inhaler to Camp? Yes No

I give permission for my child to keep in his/her/their cabin and/or on his/her/their person an inhaler which the camper will self-administer as prescribed.

Yes No N/A

Bed Wetting

Concussions and/or Head Injuries - If yes, please record: Yes No

Date of diagnosis – DD/MM/YY..... Date of Return to Regular Activity – DD/MM/YY.....

Diabetes

Ear Infections Nose Infections Throat Infections

Epilepsy

Migraine Headaches

Operation(s) for.....Date(s) (DD/MM/YY).....

Sports-related Injuries (ie. Back ache, knee, ankle problems).....

Mental Health concerns (please elaborate).....

Other information that may be helpful for us to know/have.....

6. Does your camper take medications throughout the year that will not be brought to Camp this summer? Yes No

If Yes, please explain.....

*** We strongly recommend that regular medication routines continue while your child is at Camp.**

7. To the best of my knowledge, the information on this medical record is complete, current, and accurate. Yes No

8. I give permission for my child to self-administer the complimentary/homeopathic supplements that I have sent, under the supervision of a member of the Camp Tawingo Health Care staff. Yes No N/A

- To the best of my knowledge, this camper is able to participate in all Camp activities except as indicated above.
- All medical issues or conditions requiring ongoing medical supervision or care have been fully noted.
- I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary.
- I understand that I will be notified if extended care has been provided by the Camp Health Centre, or following assessment or treatment by a physician.
- In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps are deemed necessary to ensure the safety and health of my camper. This also grants permission for the Camp to contact the camper's family physician/specialist. (Please inform your physician/specialist that you have given this authorization.)
- **I agree to notify CAMP TAWINGO in writing if any changes occur in my camper's health status, medications, or family status between now and the start of the Camp session.**

I UNDERSTAND THAT MY CAMPER WILL NOT BE REGISTERED UNTIL ALL PORTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED INCLUDING MY CAMPER'S HEALTH CARD NUMBER & IMMUNIZATION INFORMATION.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

.....
Signature of Parent/Guardian

.....
Date