



**DATES AND RATES**

| <b>2009</b>   |  | <b>REGULAR RATE</b>                |
|---|--|------------------------------------|
| PLEASE MARK APPROPRIATE BOX FOR CAMP SESSION(S) DESIRED |  |                                    |
| <b>1ST SESSION</b>                                      | Tuesday, June 30 to Friday, July 17          | <input type="checkbox"/> \$1975.32 |
| <b>SESSION 1A</b>                                       | Tuesday, June 30 to Saturday, July 11        | <input type="checkbox"/> \$1317.60 |
| <b>2ND SESSION</b>                                      | Sunday, July 19 to Friday, August 7          | <input type="checkbox"/> \$2137.32 |
| <b>SESSION 2A</b>                                       | Sunday, July 19 to Saturday, August 1 (FULL) | <input type="checkbox"/> \$1591.92 |
| <b>SESSION 2B</b>                                       | Sunday, August 2 to Friday, August 7 (FULL)  | <input type="checkbox"/> \$ 727.92 |
| <b>3RD SESSION</b>                                      | Sunday, August 9 to Monday, August 24        | <input type="checkbox"/> \$1753.92 |
| <b>SESSION 3A</b>                                       | Sunday, August 9 to Saturday, August 15      | <input type="checkbox"/> \$ 772.20 |

- **Sessions 1A & 3A** campers may extend their stay to a Full Session up to and including July 11 for Session 1A, and August 15 for Session 3A.
- Camp transportation is **not** available on July 11 for Session 1A campers, nor on August 15 for Session 3A campers.
- The full payment must be paid at the time the application is made. Verbal registrations cannot be accepted. Camp fees are not refundable after **May 1, 2009**.

| Fee Breakdown: | Session    | Regular   | GST 5%   | PST 3%  | Total            |
|----------------|------------|-----------|----------|---------|------------------|
| (from above)   | <b>1ST</b> | \$1829.00 | \$ 91.45 | \$54.87 | <b>\$1975.32</b> |
|                | <b>1A</b>  | \$1220.00 | \$ 61.00 | \$36.60 | <b>\$1317.60</b> |
|                | <b>2ND</b> | \$1979.00 | \$ 98.95 | \$59.37 | <b>\$2137.32</b> |
|                | <b>2A</b>  | \$1474.00 | \$ 73.70 | \$44.22 | <b>\$1591.92</b> |
|                | <b>2B</b>  | \$ 674.00 | \$ 33.70 | \$20.22 | <b>\$ 727.92</b> |
|                | <b>3RD</b> | \$1624.00 | \$ 81.20 | \$48.72 | <b>\$1753.92</b> |
|                | <b>3A</b>  | \$ 715.00 | \$ 35.75 | \$21.45 | <b>\$ 772.20</b> |

**PAYMENT OF FEES**



We cannot guarantee your camper's place will be held if we do not receive payment at the time the application is made. In order to facilitate this process, please complete the following section:

**PLEASE INDICATE YOUR PREFERRED PAYMENT OPTION**

Enclosed cheque or money order payable in Canadian Funds to CAMP TAWINGO.

Permission for Camp Tawingo (Jack Pearse Ltd.) to charge the Full Camp fee and taxes to the credit card listed below.

After May 1<sup>st</sup>, 2009, the Camp fees and taxes are **not** refundable unless Camp is completely filled.

 ..... or   .....

Expiry Date..... Name on Card..... Amount of Payment \$.....

Visa or Mastercard Signature..... *Office Use Only: Rec'd By:..... Date Ack:.....*

**Please complete this section if your camper is attending Camp Tawingo for the first time.**

How did your family first learn of Camp Tawingo? (Please check whichever apply)     Friends     Internet     OCA Directory

Camp Fair (Location).....     Advertising (specify).....

Family – Please list if family members are former Camp Tawingo campers (please give maiden names).....

and/or staff (please give maiden names).....

**CAMPERSHIP FUND**

The "Tawingo Summer FUNd" has been set up by members of our Staff Alumni Committee to accept donations in order to send campers who would gain from a summer camp experience, but whose families do not have funds for tuition. The Alumni Committee commits to following a child of their choosing through his or her career at Camp. To donate to this worthy cause, please complete the following: I would like to donate \$\_\_\_\_\_ to the Tawingo Summer FUNd. Please enclose a cheque made payable to Camp Tawingo or  charge my credit card listed above. Thanks so much for your contribution.

**CAMP SURVEY**

Please Check One Only: The Camp Session that I have chosen for my family is based primarily on:

Dates     Cost     Length of Session     Other (Please Elaborate).....



**Please answer the following questions:**

1. Date of last **Tetanus** Shot (DPTP Shot on Immunization Card) **Mandatory** (DD/MM/YY) .....  
**(Please Note: Tetanus Shot must be administered every 10 yrs. This application will not be processed if this area is not completed.)**

2. Are there current medical problems, long term or short term, about which Camp Tawingo should be made aware?  Yes  No  
 If yes, please specify.....

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

4. Are there immunizations you have chosen not to give your camper?  Yes  No  
 If yes, please specify.....

5. Please check off any significant medical conditions, physical limitations, or other concerns which might affect your camper's stay at Camp:

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

Epilepsy

Diabetes

Migraine Headaches

Ear, Nose, Throat Infections

Bed Wetting

Digestive Upsets.....

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

Other (please elaborate).....

Operation(s) for.....

Recent Illness (Specify).....

6. Has your camper had the Chicken Pox?  Yes  No

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

If Yes, please explain.....

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

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

10. I give permission for my child to keep in his/her cabin and/or on his/her person an inhaler which the camper will administer as prescribed.  Yes  No  N/A

- To the best of my knowledge, this camper does not have a communicable disease, and is physically able to participate in all Camp activities except as indicated above.
- All medical problems 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 local physician.
- In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of my camper. This also allows 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 the Camp 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.

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

**I UNDERSTAND THAT MY CAMPER WILL NOT BE REGISTERED UNTIL ALL PORTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED INCLUDING THE DATE OF MY CAMPER'S LAST TETANUS SHOT.**

.....  
 Signature of Parent or Guardian

.....  
 Date