

CAMP EDIFY APPLICATION CHECKLIST

Please indicate that you have read and understood the items below by checking the boxes. Note that the application cannot be accepted until all points are completed.

1. Include correct City and Postal Code
2. **Transportation:** We encourage parents to transport their child/children to and/or from camp
3. **Medical Section:** This section must be completed fully. Please ensure that any allergies or medication that is being taken is clearly written on the application.
4. **Child:** Please include information regarding how the child manages stress and authority, peer relations, behaviour in the community and strengths. Please also comment on any disorders/diagnosis or things for staff to be mindful of.
5. **Release Form:** Ensure that the child's Health Card # is accurate and up to date.
6. **Photo Release:** If the family does not want their child photographed, this must be indicated on the form. Do not leave the form blank.
7. Each application is for one child only.
8. We are not able to provide safety or proper supervision to a child who needs intense one-to-one interaction. The child must be able to manage in a group setting.
9. A submitted application does not mean that the child is accepted. The Camp Director will notify those who have been confirmed for a spot, and those on the waiting list.
10. Post dated cheques payable to "Grace Life Center" are required for all weeks attending camp. Cheques should be dated for the Wednesday before attending
11. If cheques are not being used, please pay cash the Wednesday before attending camp.
12. NSF cheques will be charged an administration fee of \$25.00.

Please print and sign all the pages that require a signature and forward the application to the Camp EDIFY Director.

CAMP EDIFY

801 Progress Avenue
Scarborough, ON

Contact: Lezline Morgan (416) 289-1463

Email: campedifykids@gmail.com
<http://www.campedify.com/>

CAMP



EDUCATION AND DIRECTION FOR INTELLIGENT, FIT, YOUTH

Date of Application:

CAMPER INFORMATION:

Age: _____

Last Name: _____ First Name: _____

Date Of Birth

Male Female

Emergency Contact (To be contacted in the event that parent(s) are unavailable):

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

CAMPER INFORMATION:

What T-shirt would you like?

Youth

Adult

T-shirt Size:

SESSIONS REQUESTED:

ALL SIX WEEKS Week

1 - July 11th - 15th

2 - July 18th - 22nd

3 - July 25th - 29th

Week 4 - August 2nd - 5th

Week 5 - August 8th - 12th

Week 6 - August 15th - 19th

FAMILY INFORMATION:

Who does the child live with? Mother Father Other _____

Who should the **tax receipt** for camp fees be made out to?

First Name: _____ Last Name: _____

MOTHER

Last Name: _____		FIRST Name: _____	
E-mail Address: _____			
Home Address: _____			
Home# () _____	Work# () _____	Cell# () _____	
Which is the best way to contact you?	email	work#	home# cell#

FATHER

Last Name: _____		FIRST Name: _____	
E-mail Address: _____			
Home Address: _____			
Home# () _____	Work# () _____	Cell# () _____	
Which is the best way to contact you?	email	work#	home# cell#

Legal Guardian (if different from above)

Last Name: _____		FIRST Name: _____	
E-mail Address: _____			
Home Address: _____			
Home# () _____	Work# () _____	Cell# () _____	
Which is the best way to contact you?	email	work#	home# cell#

MEDICAL INFORMATION

TO BE COMPLETED BY PARENT or GUARDIAN:

Does this child have any medical conditions?

Diabetes

Asthma

Hay Fever

Epilepsy

Other Please specify: _____

Does this child have food, drug, or insect sting allergies? YES NO

If YES, please specify: _____

Does this child require a bee sting kit/EPI Pen? YES NO

Is this child on specific medication? YES NO

If YES, please specify type and dosages _____

Is this child on a special diet? YES NO

If YES, please specify: _____

Are there dietary restrictions due to health, religious, or other reasons?
 YES NO

If YES, please specify: _____

What is the date of child's last immunization for Tetanus? _____

Please indicate, to the best of your knowledge, the child's swimming ability:

Not at all

A little (floats, holds head under water)

Fairly well (swims a few feet by self)

Very well (can swim under/above water and in deep water)

RELEASE FORM

I authorize the Grace Life Center/Camp EDIFY and its employees, volunteers and agents to act on my behalf in case of emergency and obtain any treatment for the child which Camp EDIFY or its employees, servants and agents in their absolute discretion consider necessary or advisable.

HEALTH CARD #: _____

FAMILY DOCTOR: _____

PHONE: () _____

MEDICATION: _____

ALLERGIES: _____

If a parent is unavailable, can the child be released to your emergency contacts below?

YES NO

Emergency Contact (To be contacted in the event that parent(s) are unavailable):

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

Name: _____ Relationship to Child: _____

PHONE: (_____) _____ Email: _____

Please indicate if there are any person (s) who can have no contact with the child.

First Name: _____ Last Name: _____

Relationship to Child: _____

Comments:

PRESENTING CONCERNS

TO BE COMPLETED BY PARENTS OR GAURDIAN:

LAST NAME: _____ FIRST NAME: _____

Child's Presenting Problems, if any: (Please check all that apply.)

Low Self-esteem	Peer Difficulties
Aggressive Acting Out	Trust Issues
Negative Attention	Sexual Acting Out
Seeking Withdrawn	Defiant
Lying	Stealing
Running Behavior	Self Abusive
Attention Deficit Disorder	Soiling

Please Give a Clear Summary of Child's Behavior/Strengths

LIABILITY WAIVER AND RELEASE

Parents, Guardians or Conservators Agreement of Waiver of Liability and Indemnification

(This form must be filled out and signed for each participant in Camp EDIFY)

I _____ am aware of, recognize and acknowledge the dangers involved in participating in the summer camp experience and activities, which can include swimming, hiking, crafts, and sports.

I, the undersigned parents, guardian or conservator, do hereby represent that I am, in fact, acting in such capacity and agree on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns to:

- a. Waive, release and discharge Grace Life Center and Camp EDIFY, its owners, officers, directors, members, agents, employees, assigns, legal representatives and successors, and volunteers from any and all liability, damages, claims, demands, losses or causes of action of any and every kind, including for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, arising out of or relating to any summer camp activities or occurrences;
- b. Indemnify and hold harmless Grace Life Center and Camp EDIFY its owners, officers, directors, members, agents, employees, assigns, legal representatives and successors, and volunteers from and against any and all liabilities, damages, claims, demands, losses or injuries to person and property, or causes of action made by other individuals or entities as a result of any of the participant's involvement in or actions during camp; and
- c. Assume full responsibility for the risk of bodily injury, death, disability or property damage arising out of or related to the above-described activities, whether caused by the participant's negligence or otherwise.

I, the undersigned parent, guardian or conservator, voluntarily sign this agreement, acknowledge that I have read and understand the above release, waiver and indemnification, and intend my signature and initials below to be a complete and unconditional release of all liability to the broadest and most inclusive extent allowed by the laws of Ontario.

Please initial the boxes below to indicate that you have read and agree to the following releases.

Name of Participant: _____ Age: _____

Parent, Guardian, or Conservator Name (Printed) _____ Relation to Camper

x _____
Parent, Guardian, or Conservator Name (Signature) _____ Date

