



## EUREKA CAMP '11 RETURNING CAMPER APPLICATION KIT

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE INDICATE WHICH CAMP YOU ARE APPLYING FOR:**

**CAMP FEES**

- |   |   |               |
|---|---|---------------|
| <input type="checkbox"/> <b>CAMP 1:</b> Teepee Lakes (11-14 years) July 9 - July 15, 2011                   | ← THESE TWO SESSIONS<br>← MAY BE COMBINED | <b>\$750</b>  |
| <input type="checkbox"/> <b>CAMP 2:</b> Teepee lakes (11-14 years) July 16 - July 22, 2011                  |   | <b>\$750</b>  |
| <input type="checkbox"/> <b>CAMP 3:</b> North Vancouver Outdoor School (8-12 years) July 24 - July 30, 2011 |   | <b>\$750</b>  |
| <input type="checkbox"/> <b>CAMP 4:</b> Teepee Lakes (14-18 years) August 7 - August 20, 2011               |   | <b>\$1500</b> |

**REGISTRATION CLOSSES 2 WEEKS BEFORE EACH CAMP START DATE.**

I would like to request a subsidy – please send me the application.

**TRANSPORTATION IS AVAILABLE ON THE DATES BELOW: PLEASE INDICATE IF REQUIRED:**

- |   |             |
|---|-------------|
| <input type="checkbox"/> <b>July 9:</b> Chilliwack to Teepee Lakes (no transport available for return on July 15) | <b>\$75</b> |
| <input type="checkbox"/> <b>July 22:</b> Teepee Lakes to Chilliwack (no transport available for arrival July 16)  | <b>\$75</b> |
| <input type="checkbox"/> <b>Aug 7:</b> Chilliwack to Teepee Lakes   | <b>\$75</b> |
| <input type="checkbox"/> <b>Aug 20:</b> Teepee Lakes to Chilliwack  | <b>\$75</b> |

**DEPOSIT PAYMENT METHOD:**

- |   |             |
|---|-------------|
| <input type="checkbox"/> <b>CHEQUE (PAYABLE TO EUREKA CAMP SOCIETY) FOR DEPOSIT</b> | <b>\$25</b> |
| <input type="checkbox"/> <b>CREDIT CARD</b>   | <b>\$25</b> |
| <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>MASTERCARD</b>     |             |

CREDIT CARD NUMBER:

EXPIRY DATE:

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

CARDHOLDERS SIGNATURE \_\_\_\_\_

### FOR OFFICE USE ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> Parent Registration Forms received | <input type="checkbox"/> Deposit received      |
| <input type="checkbox"/> Medical Records received           | <input type="checkbox"/> Posted                |
| <input type="checkbox"/> School Record received             | <input type="checkbox"/> Full Payment Received |
| <input type="checkbox"/> Additional Information             | <input type="checkbox"/> Subsidy               |
| <input type="checkbox"/> Photos                             |  |

# EUREKA CAMP '11 RETURNING CAMPER APPLICATION KIT

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ Cel \_\_\_\_\_ Email \_\_\_\_\_

**Please read carefully before proceeding to the rest of the application. This page must be signed and returned with the application. Sign your initials in each box.**

1. I/We hereby give the representatives of Eureka Outdoor Camp permission to contact my child's counselor, social worker, doctor and/or teacher(s) for information which would be relevant to my child's participation in the program.

2. I/We understand that should my child be accepted for camp and is subsequently unable to attend, refunds will only be considered if a cancellation is received at least 7 days prior to camp. A \$75 cancellation fee will be charged. Requests for refund received less than 7 days before the start of camp will only be considered in cases of emergency. A benefactor must be aware of this condition.

3. I/We acknowledge the authority of the Society's representatives to send my child home from camp when it is considered by the Society's representatives to be in the best interest of the child, and/or other participants. This will include health concerns and insufficient information regarding appropriate administration of medication. I understand that it will not be possible for the Society to issue a refund in this case.

4. In the event that my camper has signs of illness such as fever, congestion, stomach pain or gastro-intestinal upset, I/We understand that my camper may not be able to attend camp and that this decision will be at the sole discretion of the registration staff.

5. I/We understand that my camper may be checked for head lice prior to entering camp. If head lice are found, my camper may not be allowed to proceed but may come to camp at a later date (not less than 24 hours) once I/We have administered appropriate treatment. I understand that my camper will be re-examined upon returning to camp.

6. I/We agree that if my camper demonstrates serious behaviour disorders and cannot take direction and interact appropriately within the guidelines associated with learning disabilities that he/she will be sent home without a refund of camp fees..

7. I/We hereby give permission for my child to be photographed or filmed during the camp and that the Society may use the pictures or images for fundraising and/or publicity purposes.

8. I/We understand that my camper will be required to participate in the program and to follow safety instructions.

9. I/We understand that Camp policy prohibits the possession or use of tobacco, alcohol or non-prescription drugs (except with permission of the Camp Nurse). The use of language perceived to be abusive is also prohibited. Failure to comply with the above policies may result in my camper being sent home without a refund of camp fees.

10. I/We have read and understand the above conditions and agree to comply with them without exception. (If there are two parents, both must sign this form.)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

22151 Wilson Avenue | Richmond, BC | V6V 2P6 | T: 604.520.1155 | F: 604.521.4313 | E: info@eurekacamp.ca

# EUREKA CAMP '11 RETURNING CAMPER APPLICATION KIT

## Your relationship to Camper

- Parent(s)/Legal Guardian
- Legal Guardian(s)
- Foster Parent(s)

Parent/Legal Guardian Name(s) \_\_\_\_\_

Address (if different to camper's) \_\_\_\_\_

Tel \_\_\_\_\_ Cel \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Tel \_\_\_\_\_ Cel \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Caregiver/Foster Parent Name(s) \_\_\_\_\_

Address (if different to camper's) \_\_\_\_\_

Tel \_\_\_\_\_ Cel \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Tel \_\_\_\_\_ Cel \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

## CAMPER:

Name \_\_\_\_\_

- Male  Female

Date of Birth \_\_\_\_\_ Age at time of camp \_\_\_\_\_

Name of Camper's Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**CAMPER'S CARE CARD NUMBER** \_\_\_\_\_

**ATTACH TWO RECENT PHOTOS OF YOUR CAMPER HERE**

# EUREKA CAMP '11 RETURNING CAMPER APPLICATION KIT

## EMERGENCY CONTACT PERSON (Please ensure that this person is available when you are not)

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Cel \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Relationship to camper \_\_\_\_\_

## ABOUT THE CAMPER

This information will help us to give the best care to your camper. If you don't have enough room to answer as fully as you would like, please do not hesitate to include extra paper. If you would like help completing the questionnaire, call our office and we will be pleased to help you.

	YES	NO
Does he/she wear glasses? <i>If Yes send an extra pair if possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she wear a hearing aid? <i>If Yes send extra batteries and waterproof cover.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she follow a special diet? <i>If Yes attach details to this application.</i>	<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate the purpose for the special diet, ie: allergies, behavioural concerns, personal philosophy.*

*NOTE that if the special diet is for reasons of allergy/health no exceptions will be made. It is important therefore to indicate if camp staff may use discretion when applying a special diet regime.*

\_\_\_\_\_

Does he/she have previous camping experience?  YES  NO

Has he/she had a tetanus shot? *If Yes please provide date:* \_\_\_\_\_  YES  NO

Have there there have been any significant behavioural/emotional changes since the last camp session attended?  YES  NO

What do you hope that Eureka Outdoor Camp will be able to do for your camper?

Does your camper have problems with personal hygiene? If so indicate what these are, ie. bedwetting, washing, brushing teeth.

If your camper is a girl, has she started her period? Will she ask for help? Does she need help?

Is there a particular routine you would like us to follow (if possible) around bed times, meal times, personal hygiene, etc?

Will your camper need to be reminded to put on sunscreen, insect repellent, or wear appropriate clothing?

Please describe any behavioural or emotional problems:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date