



Bob Rumball Camp of the Deaf

Attached you will find our Camper application for the Summer of 2010. Please read and fill out all the necessary information. Please take note that we are not running Session F which has been our 1:1 Special Needs week. 1:1 campers and staff are invited to Session E however; requests for accommodation will be handled on a first come first served basis.

Session A and B, our Senior Camp Program, is targeted towards our 13 to 17 year olds. It is highly recommended that if a Camper has the ambition of being staff at the camp when they are 16, which they enroll in the Senior Camp Program.

Requests for Camper Subsidies can be made up until May 14, 2010. Requests must be made in writing with justification of your need. Approvals of subsidies are at the discretion of the Camp Director. Subsidies of up to 50% of campers fees are offered.

Parental visits on other than pick up or drop off days must be arranged and approved by the Camp Director, Derek Rumball.

Please note that 2010 camp sessions run from Friday to Friday.

Bus Departure time is 1pm each Friday from BRCD, with a 2pm pick up in Barrie (McDonald's).

If you are dropping your camper off at the OCD please make sure it's after 4pm on the Friday.

Return trip pick up times 10am in Barrie and 12pm at BRCD.

***Note that the information you have provided regarding transportation will be strictly adhered to in an attempt to insure the safety of your child. Any changes to the above information must be made in writing prior to your child's last day at camp.**

If there is any dispute your child will remain at camp and it will be your responsibility to pick him/her up.

An additional charge of \$80.00/day will be incurred by the parent.

Camper Application 2010

NAME _____ AGE _____ BIRTHDAY _____

ADDRESS _____ SEX _____ DEAF

CITY _____ PROVINCE _____ HEARING HARD OF HEARING

POSTAL CODE _____ EMAIL _____

PARENT GUARDIAN/AGENCY

MOTHER _____ FATHER _____ PHONE _____

RES# _____ BUS# _____ OTHER _____

PARENT/GUARDIAN IF DIFFERENT EMERGENCY CONTACT INFORMATION

NAME _____ PHONE# _____ ADDRESS _____

RELATION TO CAMPER _____

IF PARENTS ARE SEPARATED OR DIVORCED, ARE THERE ANY SPECIAL VISITATION ARRANGEMENTS? _____

SESSION REQUESTED SR. A SR. B JR. C JR. D SPECIAL E

TRANSPORTATION

TO CAMP

I will drive my camper to camp
My camper will travel on the camp bus
From BRCD OR BARRIE

FROM CAMP

(Name of person) will pick up my camper from camp
My camper will travel on the camp bus to be dropped
off at BRCD OR BARRIE

*Note that the information you have provided regarding transportation will be strictly adhered to in an attempt to insure the safety of your child. Any changes to the above information must be made in writing prior to your child's last day at camp.

If there is any dispute your child will remain at camp and it will be your responsibility to pick him/her up.

An additional charge of \$80.00/day will be incurred by the parent.

CAMPER MEDICAL INFORMATON

HEALTH CARD# _____ copy of health card is required

Please answer the following questions so that we can provide health care for your camper.

ALLERGIES: Yes No What _____ ALLERGY MEDICATIONS: _____

HEPATITIS B: Vaccine: Yes No Status: Positive Negative LAST TETANUS NEEDLE: Date _____

EPILEPTIC: Yes No Type of Seizure: _____ Frequency: _____ Date of last Seizure: _____

Please notify us in writing about any medication changes prior to camp*

MEDICATION: Send all medication in PROPERLY LABELLED containers

NAME: Drug and MD/ML	How many at:	B	L	D	Bedtime
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*B-breakfast L-lunch D-dinner

Complete prescription medication schedule is required. Please attach if necessary.

Campers Name: _____

Address: _____

First Contact Person: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Phone No: _____

Pager address: _____

RELEASE FORM

Parent/guardian please sign your name. If over 18, please sign yourself, if able.

I, _____ give permission to the Ontario Camp of the Deaf, to seek medical treatment for _____ as deemed necessary by the camp medical staff and/or a qualified medical doctor. I also agree to assume responsibility for any expense in the event of illness or accident.

Parent/Guardian or Self _____ (please print) Signature: _____

Date: _____ Family Doctor: _____ Phone#: _____

SESSION E
SPECIAL NEEDS CAMPER INFORMATION

PLEASE ADVISE US OF THE FOLLOWING AREAS AS THEY RELATE TO YOUR CAMPER:

DRESSING:

EATING:

MOBILITY:

COMMUNICATION:

SEIZURES:

HYGIENE:

SEXUAL DEVIATIONS:

SOCIAL BEHAVIOUR:

AGGRESSIVE BEHAVIOUR:

PHYSICAL CHALLENGES (SWIMMING, SPORTS, ACTIVITIES):

One to one workers and care givers are required to complete a staff application and medical form.

Please attach any further information that you feel we should know. Any information on behavior programs or dealing with unique situations that you provide will help our staff provide a better holiday and camp experience for your camper.

ASSUMPTION OF RISK AND
RESPONSIBILITY and RELEASE OF
LIABILITY

There are significant elements of risk in any adventure, sport or activity associated with a “The **Ontario Camp of the Deaf & Motocamp**”.(THE CAMP), The Township and Municipality of Seguin and S.M.A.R.T. Inc. Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you that camp activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death.

ACKNOWLEDGEMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks:

- 1) Slips, trips, falls or painful crashes while using the facilities or equipment,
- 2 Misuse of equipment or facilities, or failure of equipment;
- 3 My physical strength, coordination, sense of balance, and ability to follow or give directions while enrolled at the camp
- 4 Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident
- 5 The presence, actions or falls of other participants.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for damage to or loss of my/our personal property. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing an approved helmet may help prevent head and/or neck injuries. I assume the risk(s) of personal injury accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions-, dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries-, insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize, **The Camp** as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors and requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION

I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become The Camp’s property and may be used for promotional or commercial purposes.

RELEASE:

In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: The Ontario Camp of the Deaf, The Ontario Mission of the Deaf, the Township and Municipality of Seguin, S.M.A.R.T Inc., its Directors and Founders., principals, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

I have read and understood the foregoing acknowledgement of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

If the participant is under 18, the Parent or Legal Guardian must also acknowledge risk and sign

Campers Name: _____(print)

Parent Guardian Name: _____(print)

Signed: _____ Date: _____

Address if different: _____

PLEASE KEEP FOR YOUR INFORMATION

2010 Summer Camp Dates

Session	Age	Date
A Senior Int	12-18	Friday July 2-Friday July 9
B Senior Int	12-18	Friday July 9 – Friday July 16
C Junior	6-11	Friday July 16-Friday July 23
D Junior	6-11	Friday July 23-Friday July 30
E Special One	Youth/Adults Supported Independent	Friday July 30-Friday Aug 6

FEE SCHEDULE	AMOUNTS
Registration	\$40 non refundable
1 week session fee	\$285
2 week session fee	\$410
Session E and F Special Camp	\$360
One to one worker fee *	\$125
Transportation	\$30 round trip

***The Ontario Camp of the Deaf does not arrange for one to one workers for your Special Needs Camper. If your camper requires a one to one staff, it is your responsibility to arrange for, screen and hire that staff person. That staff is required to fill out an OCD staff application. The additional one to one worker fee covers room and board for the duration of your campers stay. If you are paying your one to one worker a fee it is your responsibility to do so.**

TRANSPORTATION:

On the first day of each session the bus will depart from the Bob Rumball Centre for the Deaf at 2395 Bayview Avenue in Toronto at **1:00 pm**. The bus will arrive in **Barrie** at the **McDonalds on the 400** between Mapleview Drive and Essa Rd., at **2:00 pm**. (for those individuals who have requested this pick up on their applications.)

On the last day of each session the bus will drop children off in Barrie at the **McDonalds on the 400** between Mapleview Drive and Essa Rd. at **11:00 am**. The bus will then proceed to the Bob Rumball Centre for the Deaf in Toronto and drop off the remaining children at **12:30 pm**.

Those wishing to provide their own transportation to and from camp may drop off their children on the first day of their camp session between **4:00-5:00pm** and pick them up from camp between **9:00-10:00 am** on their final day of camp.

The parents or guardians for children who are not picked up at the appropriate times will incur a \$25 late charge.

It is essential that parents/guardians indicate their transportation plans clearly on the application as the information provided will be strictly adhered to. If a change to the initial information provided is necessary, it must be made in writing prior to the camper's final day at camp. *Verbal arrangements will not be accepted.*

CONDITIONS OF ENROLMENT

1. The Camp Director reserves the right to dismiss any camper who he deems to pose a potential risk to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated to the camp in writing and a photocopy of the section of the court order referring to visitation rights will also be submitted. This information will be kept confidential.
3. Every precaution is taken to insure the safety and good health of our campers, but in the event of illness or accident, the Ontario Camp of the Deaf, including the camp directors, and their staff, and the employees of facilities outside camp grounds are hereby released from liability. Each camper must be covered by Provincial Health or equivalent medical insurance.
4. In the event that a camper requires any special medications, X-rays, or treatment beyond that which the camp provides, the parent/guardians will be notified immediately. Parents/guardians will also be informed of any additional charges for this special care.
5. I give my permission for my child to participate in any videotape or photographs used by the Ontario Camp of the Deaf for promotional purposes.

**Please return to the Ontario Camp of the Deaf,
CAMPER REGISTRATION,
2395 Bayview Avenue, North York,
Ontario M2L 1A2**

Please include:

- a complete camper application with complete transportation information,
- complete medical information, signed and dated release form
- signed and dated assumption of risk and responsibility release
- cheques for \$40 registration fee and postdated cheque, dated June 11, 2010 for the balance of the camper total camper fees
- a clear photocopy of the campers health card

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
DO NOT FAX OR EMAIL.**

Request for camper subsidies must be submitted in writing before May 14, 2010.