



2015 Summer Camp Application Form

PLEASE PRINT

Complete a separate application form for each camper.

If you are registering more than one child, you do not have to repeat the same information on other forms that is common to both children (i.e. address, parents names etc.).

Camper's First Name: _____ Camper's Last Name: _____ Male Female

Camper's Year-round Address: _____

City: _____ Prov./State: _____ Postal Code: _____

Phone Number: (_____) _____ - _____ Family Email: _____

Health Card # or Health Insurance Info: _____

Birth Date: (dd/mm/yyyy) _____ / _____ / _____ Age as of Jan 1, 2015: _____ Grade in Sept, 2015: _____

Does your child have a sibling(s) who will also be attending camp Tropinka this year? Yes/No. (If Yes, please give their names below)

Father/Male Guardian's Name: _____

Phone Numbers: Home (_____) _____ - _____ Business (_____) _____ - _____

Mother/Female Guardian's Name: _____

Phone Numbers: Home (_____) _____ - _____ Business (_____) _____ - _____

Emergency phone number while camper is at camp (if different than above): (_____) _____ - _____

Cabin Mates: We will try to put friends in the same cabin group, but cannot guarantee it. Please list cabin mates below:

Name: _____ Name: _____

How did you hear about Tropinka camp? please be specific _____

Parent or Guardian Consent

- ✓ My child is in good physical and emotional health, and amenable to normal camp authority.
- ✓ I, as a parent or guardian, have legal custody of the child applying to Tropinka.
- ✓ I am responsible for payment of fees and any other expenses incurred by my child.
- ✓ Permission is granted for my child to participate in all Tropinka activities.
- ✓ Permission is granted to provide normal medical attention to my child, if needed.
- ✓ Permission is granted for Tropinka to use any photograph of my child for their promotional material.
- ✓ I, as the parent or guardian, of the herein named camper, release Tropinka, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage of the herein named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein named camper. Each camper must be covered by their provincial health plan or equivalent medical insurance.
- ✓ By providing personal information I understand and agree with Tropinka's policy.

Dismissal and Behaviour: The Director reserves the right to dismiss a guest without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named guests participation in the Tropinka Camp Program. I also give permission to the Directors of Tropinka Camp to search my child's belongings for items prohibited by camp, if suspected. I agree to reimburse Tropinka Camp Program for any intentional damage or defacement of camp property caused by my child.

Liability: While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Tropinka Camp. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Tropinka Camp does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Tropinka Camp does not accept responsibility or liability and I hereby release Tropinka Camp for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, Directors, Officers and Staff Volunteers of Tropinka Camp, Ukraine Bible Camp and the employees of facilities outside the resort grounds [the "Releasees"] from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Tropinka Camp including any programs or otherwise, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the ["Releasees"]. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release.

Jurisdiction: I understand that any and all actions arising out of this agreement or the use of Tropinka Camp will be governed by the laws of Ontario and Quebec, Canada and I consent to the exclusive jurisdiction of the courts in Ontario and Quebec, Canada.

I have read and understand the above Parent or Guardian Consent, the conditions of enrollment, and cancellation policies of Tropinka

Signature of Parent or Guardian: _____ Date: _____

Calculating Fees

CHOOSE YOUR CAMP SESSION	Y/N	PRICE	TAX	TOTAL
Camp Montreal Wallace Lake, QC (Aug. 2 - Aug. 8)		\$229.00	N/A	\$229.00
Camp Montreal Wallace Lake, QC (Aug. 9 - Aug. 15)		\$229.00	N/A	\$229.00
Camp Toronto Pigeon Lake, ON (Aug. 16 - Aug. 22)		\$299.00	13% HST	\$337.87
Camp Toronto Pigeon Lake, ON (Aug. 23 - Aug. 29)		\$299.00	13% HST	\$337.87
			GRAND TOTAL	



Credit Card#: _____

Expiry Date: _____

CSC:(3 Digit Security Code) _____

Name On Card: _____

Signature: _____

I would like to pay by cheque

Please add the totals for sessions that you want your child to attend to calculate your grand total. Your credit card will be charged for the Grand Total amount in the table above. If you choose to pay by cheque, please make it out to **Tropinka Camp Inc.** and mail it to **885 Wilson Ave, Toronto, ON M3K 1E6.**