



CO-ED REGISTRATION FORM 2016

General Information

(Please note: There are 7 pages to this registration form. All 7 must be completed before the camper will be registered.)

Camper Details

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: (_____) _____ - _____

Age: (at camp time): _____

Email: (print clearly) _____

Date of Birth: month / day / year

School: _____

Male Female Grade in Sept 2016: _____

Parish/Church: _____

Shirt Size (s,m, l or xl): Youth _____ or Adult _____
(your registration includes a C.Y.O. Camp Brébeuf T-Shirt)

Session Requested (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Session 1 | Lights Camera Action! (Hollywood week) | Sunday, July 10 - Friday, July 15, 2016 |
| <input type="checkbox"/> Session 2 | Campers Assemble (Superhero week) | Sunday, July 17 - Friday, July 22, 2016 |
| <input type="checkbox"/> Session 3 | Once Upon a Time (Fairytales and fables) | Sunday, July 24 - Friday, July 29, 2016 |
| <input type="checkbox"/> Session 4 | Exciting Experiments (Science week) | Sunday, July 31 - Friday August 5, 2016 |
| <input type="checkbox"/> Session 5 | Ready, Set, Go! (Sports week) | Sunday, August 7 - Friday August 12, 2016. |
| ***NEW*** | Around the World (Amazing Race week) | Sunday, August, 21- Friday, August 26, 2016. |
| <input type="checkbox"/> Session 6 | | |

Fees

Per Session \$398.23 + 13% H.S.T. = **\$450.00**

Deposit \$100.00 deposit is required with this registration for each session of camp.

Balance by cheque, money order or credit card due 21 days prior to camp. Pay to the order of C.Y.O.

Cancellation Policy: A \$100.00 cancellation fee will be charged if a session is cancelled at least 21 days in advance. A \$300.00 cancellation fee will apply if cancelled fewer than 21 days prior to the session.

One to One Program

Camp Brébeuf offers a program for campers who require help integrating into the camp environment due to physical, behavioral or developmental needs. *Space in the program is limited.*

I would like to request the One to One program for my child (additional information will be sent).

For Office Use:

Date Received:

Method of Payment

Cheque/Money Order for \$ _____ enclosed.
Make payable to C.Y.O. CAMP BRÉBEUF

Charge \$ _____ Visa or Mastercard

Charge the remaining balance of \$ _____ to my Visa or Mastercard by month / day / year

Card Number: _____

Expiry Date: month / day / year CVC #: _____

Cardholder Name: _____

Cardholder Signature: _____

Special Cabin Requests

We will make every effort to place campers in the same cabin as requested below, provided that:

- parents of all the campers make the same request
- campers are of approximately the same age and gender.

We honour only TWO requests.

I would like my child placed in the same cabin with the following campers: TWO ONLY!

Name: _____ Age: _____

Name: _____ Age: _____

Processed By:



CO-ED REGISTRATION FORM 2016
Declaration of Consent
Session(s): _____

I (print name) _____ as the legal parent or guardian of
(print child's name) _____ in applying for registration for
my child to C.Y.O. Camp Brébeuf hereby;

- Give consent for my child to participate in all aspects of the camp program including supervised trips off property (i.e. Rockwood Conservation Area).
- Understand that the Camp Director reserves the right to terminate the stay of any camper when it is deemed to be in the best interest of the child or the camp. In such cases proportional refund will be made.
- Release and indemnify C.Y.O. Camp Brébeuf and the Catholic Youth Organization of the Diocese of Hamilton from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the child named above during participation in the camp program.
- Agree to the collection, use and storage of the information contained in this registration form as per the Privacy Policy of the Catholic Youth Organization. Copies of the policy are available at <http://www.cyo.on.ca/privacy-policy.php>.
- I permit the use of the likeness of my child (in photographs, video etc) in promotional material by C.Y.O. Camp Brébeuf and the C.Y. O. of the Hamilton Diocese.

Yes

No

The information is gathered for the purposes of registration, processing payment and ensuring camper health and wellbeing during the program.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

How did you hear about C.Y.O. Camp Brébeuf?

Family & Friends

Parish

School Trip

Facebook

Twitter

I am a returning camper

Poster advertising

Return payment and registration form to:

CYO Camp Brébeuf,
8434 Wellington Rd. #27
Rockwood, ON
N0B 2K0

Fax (519) 856-2560

Questions about registration or camp?

Call: Katie the Camp Registrar (519) 856-4671

Email: katie@campbrebeuf.ca

***On receipt of this registration and deposit a Confirmation Package will be sent to you.
How would you like to receive this confirmation package. Email Mail***



2016 Day and Residential Camps Medical Information Form

This form allows us to give the best care to your child.
Please make sure to give the most update information.

Session(s): _____ e.g. 1, 2, 3 or 1 & 3

Camper Details:

First Name: _____ Last Name: _____
Ontario Health Card #: _____ Expiry Date: month/ day /year
Exact Name on Card: _____ Date of Birth: month/ day /year
Name of Family Doctor: _____ Telephone: (_____) _____ - _____

If the camper does not posses an OHIP card a copy of their medical insurance must be attached

Emergency Contacts

1. Parent/Guardian: _____ Home Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
2. Emergency Contact*: _____ Phone: (_____) _____ - _____
3. Emergency Contact*: _____ Phone: (_____) _____ - _____

**These people know my child and have agreed to be contacted in the event I am not available*

Will you be away while your child is at camp? Yes No

Holiday Address: _____ Phone: (_____) _____ - _____

Immunizations (Please check & date)

- Pertussis month / day / year
- Hepatitis B month / day / year
- MMR (Measles, Mumps, Rubella) month / day / year
- TDP (Tetanus, Diphtheria, Polio) month / day / year
- Tetanus Booster month / day / year

Health History

History of Communicable Diseases (If camper has had or has any of the following, please check)

- Chicken Pox
- Mumps
- Measles, Red
- Measles, German
- Rheumatic Fever
- Whooping Cough
- Hepatitis
- Tuberculosis
- Mononucleosis
- Scarlet Fever

Other Health Issues: (If camper has had or has any of the following, please check)

- Sleep Walking
- Asthma
- Hay Fever
- Diabetes
- Bed Wetting
- Hearing Difficulties
- Sinus Trouble
- Other: _____
- Spells/Fainting
- Heart Condition
- Sight Difficulties
- Severe Stomach Aches
- Urinary Tract Infections
- Headaches
- Ear Infections
- Other: _____
- Epilepsy
- Frequent Colds
- Hypertension
- Appendicitis
- Toothaches
- Skin Conditions
- Hernia
- Anxiety
- Eating Disorders
- Depression

Has girl menstruated? Yes No

If no, has she been told about menstruation? Yes No



2016 Day and Residential Camps *Medical Information Form*

Session(s): _____ e.g. 1, 2, 3 or 1 & 3

Camper Details:

First Name: _____

Last Name: _____

Weight: _____ Height: _____

Medication

All medication, vitamins etc must be turned over to the Wellness Coordinator at registration. Medication must be in their original container or pharmacy issued blister pack. Over the counter medications must be in the original container with proper labelling.

Please indicate if camper will bring his or her own **EPI Pen** or **Inhaler. (check box if applicable)**

Please list any medications your child will bring to camp (attach list if more space is needed):

Health Condition	Medication Name /Treatment	Dosage & Form	Times to Administer
(e.g. Asthma, ADHD)	(e.g. Salbutamol, Risperdal)	(e.g. 2 puffs inhaler, 1.5 mg pill)	(e.g. as needed, 8am)

Does the Wellness Coordinator at C.Y.O. Camp Brébeuf have your permission to administer the following over-the-counter medications to your child, as required? :

Tylenol Yes No

Advil Yes No

Antihistamine Yes No

Antacid Yes No

Polysporin Yes No



2016 Day and Residential Camps Medical Information Form

Session(s): _____ e.g. 1, 2, 3 or 1 & 3

Camper Details:

Dietary Restrictions

- Lactose-intolerant Vegetarian: (e.g. vegan, no red meat) _____
 Celiac Other (please describe) _____
 Paleo

Allergies **If your child has a life-threatening allergy you MUST fill out an "ANAPHYLAXIS EMERGENCY PLAN FORM" (you can find this form on our website)

Please describe any allergies your child may have to the following (attach list if more space is needed):

Allergy	e.g. wasps, pollen, nuts, dairy etc.		
Exposure	e.g. airborne, ingested, physical contact		
Reaction	e.g. life-threatening anaphylaxis, itchy eyes		
Treatment	e.g. EPI Pen, Claritin as needed		

Other Relevant Information

Please describe other relevant medical information including health conditions not treated with medication, recent operations, illness or injuries this camper has had and give details:

- To the best of my knowledge, I have filled out this form accurately. I will notify the camp if there is any change in my child's health or he/she is exposed to any communicable disease within 3 weeks prior to arrival at camp. I will submit any changes to this health form in writing to the camp prior to arrival. I understand that if I have omitted any information my child may be sent home from the camp.
- In the case of an emergency and we are not immediately available for consultation, I hereby give permission to the Camp Director or designate for the necessary disclosure of any and all medical information concerning my child for the proper treatment of our child and we authorize all transportation, hospitalization and medical treatment deemed necessary for our child. (all measures will be made to contact parents/guardians first). I agree to reimburse the camp for any prescriptions or medical expenses incurred for my child.
- I permit the Wellness Coordinator or a designate employee of Catholic Youth Organization to administer medication to my son/daughter.
- I acknowledge that the administration of medication at Camp Brébeuf is being done by agents of the Catholic Youth Organization who are not health professionals such as nurses and doctors.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Camper Profile

(this form must accompany 2016 registration form)

Session(s): _____



Providing this information will help to place your child in an appropriate group and help ensure a happier camp experience. All information will

be kept in the strictest confidence and will be used only to help the Camp Director and Camp Staff in the event of any problems that your child may experience at camp.

Camper Details

First Name: _____ Last Name: _____

Does your child prefer a nickname? _____ Date of Birth: month / day / year

Family Profile

Please describe the camper's family (brothers, sisters, blended family, only child etc.)

Please describe any custody arrangements the camp staff should be aware of.

Has your child experienced any recent changes to their family situation (death of a family member or close friend, family break up, new siblings)? How have these experiences affected your child?

Has your child experienced any recent accidents or trauma which may affect their emotional stability at camp? How have these experiences affected your child?

Previous Camping and Overnight Experiences

Has your child had previous overnight experiences away from home?

- Family vacations Visiting friends Visiting relatives School trips

Has your child been to camp before? Yes No

Residential Camp Camp: _____ Year(s): _____

Camp: _____ Year(s): _____

Day Camp Camp: _____ Year(s): _____

Camp: _____ Year(s): _____

Has your child enjoyed previous camp experiences?

Is there anything in particular that your child is anxious or excited about regarding attending camp?



Living at Camp

Will your child have made their first communion by the beginning of the summer? Yes No

How would you best describe your child's eating habits? (Check all that apply)

- Picky Average Hearty Appetite Will Eat Everything!

Are there particular foods your child likes or dislikes?

Does your child have any sleeping habits that staff should be aware of (e.g. bedwetting, nightmares, sleepwalking)? What are his/her coping techniques?

Does your child have any particular fears we should know about (e.g. spiders, water, darkness)?

How does your child react if they are angry or upset? What have you found is the best way of responding to your child in these situations?

How does your child react to meeting new people and working with others (outgoing, cautious, excited)?

Are there any particular activities your child enjoys during their free time (sports, music etc)?

Is there any other information that you can give us to help the staff better understand your child and make this the most enjoyable experience possible?
