



# CAMP FRENDA CAMPER APPLICATION

Complete one application (front and back) per camper. Mail or fax application with full payment to:  
Camp Frenda 1110 King Street East, Oshawa, ON L1H 1H8; phone: 905-571-4211; fax: 905-571-4781

**or register online at [www.campfrenda.com](http://www.campfrenda.com)**

Please Print

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

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) Age at Camp \_\_\_\_ Male  Female

Home Church \_\_\_\_\_

## Activities

For each week you will be attending, select 6 of the available activities. Rank them in order of preference, #1 being your first choice, #6 being your 6th choice. You will be assigned 4 activities. We will do our very best to assign you your top choices. Only your selections of activities made online are guaranteed. Activities are assigned on a first come first serve basis.

## General Camps

Junior Camp July 11-18 (ages 8-10)	Tween Camp July 18-25 (ages 10-14)	Teen Camp I Aug 1-8 (ages 12-16)	Teen Camp II Aug 8-13 (ages 12-16)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aquatic Exploration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Living Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital Photography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silk-Screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radio Broadcasting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Model Rocketry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Country Crafts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drama
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterskiing/Wakeboarding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horsemanship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing/Kayaking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking (beginner)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking (intermediate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rock Climbing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speed Stacking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports Class
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladies Fitness Training (ages 12 & up only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Men's Weight Training (ages 12 & up only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guitar Class

**Specialized Waterskiing/Wakeboarding:** When registering for this activity, check the session date below that you want to attend. Specialized waterskiing/wakeboarding (counts as two periods) runs for two hours in the morning. Select 3 activities above and number them in order of preference for that same week.

**Junior Camp**  July 11-18 (ages 8-10)    
 **Tween Camp**  July 18-25 (ages 10-14)    
 **Teen Camp I**  Aug 1-8 (ages 12-16)    
 **Teen Camp II**  Aug 8-13 (ages 12-16)

## Payment

General Camp .....	\$ 500
Specialized Camp (1 week) * .....	\$ 575
(waterskiing/wakeboarding)	
Bus (round trip).....	\$ 70
Bus (one way) .....	\$ 40
Laundry.....	\$ 15

**Please remember to include 3% PST on camp fees only  
5% GST is applicable to camp fees and all other fees**

\* One week of 2 periods of instruction a day  
(waterski/wakeboarding)

Camp Fee .....	\$ _____
Bus <input type="checkbox"/> to camp <input type="checkbox"/> from camp	
Bus <input type="checkbox"/> Toronto <input type="checkbox"/> Oshawa	
Laundry .....	_____
3% PST ..... camp fees only	_____
5% GST.....	_____
Donation.....	_____
Tuck (spending money) .....	_____
<b>Total Fees</b> .....	_____
	\$ _____

## Method of Payment

Full payment must accompany registration form

Cheques Payable to "Camp Frenda"  
(Only certified cheques or money orders will be accepted after May 15)  
 MASTERCARD  
 VISA  
 Card # \_\_\_\_\_  
 Exp \_\_\_\_\_  
 Signature \_\_\_\_\_

Who referred Camp Frenda to you?

internet  staff  camper

Other \_\_\_\_\_

Have you attended our camp before?

Yes  
 No

How many times? \_\_\_\_\_

Email address where confirmation letter should be sent:

\_\_\_\_\_

## Guardian and Emergency Contact Information

In the following section, please list the guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the guardian(s) can not be reached.

Camper's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)  
Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_ Daytime/Cell Phone # (\_\_\_\_) \_\_\_\_\_  
Secondary Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Daytime/Cell Phone # (\_\_\_\_) \_\_\_\_\_

### Pick up

Your child's safety is important to us. For this reason, we will not release a camper to anyone other than the legal guardian or individuals specified below:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Note:** Anyone, including the legal guardian, must present photo ID to remove a camper!!

### Cabin Mates

If your camper would like to be in the same cabin with a friend of the same age and gender please write their name below:

\_\_\_\_\_

## Camper's Health Record and Medical Information

Camp Frenda is required by the Ontario Camping Association and by law to obtain the following health information before accepting a camper. Please include a copy of immunization record with registration form.

Camper's Physician \_\_\_\_\_ Office phone # (\_\_\_\_) \_\_\_\_\_  
Health Card # \_\_\_\_\_ Please include a copy of immunization record with registration form.

### History

- |   |  |
|---|--|
| <input type="checkbox"/> Sore throats   | <input type="checkbox"/> Sleepwalking    |
| <input type="checkbox"/> Sinusitis      | <input type="checkbox"/> Heart trouble   |
| <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Fainting       | <input type="checkbox"/> Asthma          |
| <input type="checkbox"/> Stomach upset  | <input type="checkbox"/> Bed wetting     |
| <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Special dietary |
| <input type="checkbox"/> Convulsions    |  |

Other: \_\_\_\_\_

### Allergies

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Drugs              | <input type="checkbox"/> Plants            | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Foods              | <input type="checkbox"/> Bee/Insect Stings |                                  |
| <b>Antidote:</b>                            | <input type="checkbox"/> Benadryl          | <input type="checkbox"/> Anakit  |
|   | <input type="checkbox"/> Epikit            | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Nurse administered | <input type="checkbox"/> Self care         |                                  |

Other: \_\_\_\_\_

### Medications

Is the camper currently taking medication?

No  Yes Explain: \_\_\_\_\_

Drug Name: \_\_\_\_\_

Dosage \_\_\_\_\_

Time \_\_\_\_\_

**Permission to administer:**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Tylenol Plain | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Nil           |                                  |

## Medical and Liability Release

I am in favor of the aforementioned camper attending camp and participating in all activities unless otherwise specified. I understand that activities such as, ropes course, water-skiing, tumbling, and horseback riding are high-risk activities. As legal guardian I accept the conditions stated, including the release of the Ontario Conference of Seventh-day Adventists and Camp Frenda management from liability in case of accident or illness. I support, and the applicant agrees to abide by, all camp regulations and policies. In case of emergency I give permission to the nurse/adult leader selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. If the camper's medical information changes after submission of application please notify the camp in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# CAMP FREندا 2010

## Additional Camper Information

**Please complete and return WITH the camper application**

At Camp Frenda we want every child to enjoy their camping experience. You can help by completing this camper reference form. This information is confidential and may be shared with the camp director, nurse and appropriate camp staff.

**Camper's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of person supplying this information:** \_\_\_\_\_

**Relationship to camper:** \_\_\_\_\_

What stress or difficult life situations is this child dealing with?

What is this child's usual response to stressful situations?

In what situation would this child need one to one assistance and what strategies have been successful with this child?

Are there other behavioural issues that we need to be aware of (i.e. lying, theft, verbal/physical aggression etc.)?

In accordance with the Canadian Personal Information Protection Electronic Documents Act (PIPEDA) the information collected from you is for the following purposes: contact information, evaluation of camper needs, assisting campers in emergency situations, statistical data for marketing the camp, to send camp promotional/fundraising information, to verify discount eligibility and to process payments. This information is shared with medical/office staff, camp marketing agents, and camp counselors as deemed necessary. I understand campers may be photographed and videotaped and release all rights for publication and advertising.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_