



CAMP FREND A 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

Please Print

Camper's Name _____

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

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 15-22 (ages 8-12)	Tween Camp July 22-29 (ages 10-14)	Teen Camp I July 29-Aug 5 (ages 12-16)	Teen Camp II Aug 5-12 (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 Adventure 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/Tie Dye Design
<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"/>	Sailing
<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 (Teen Camp only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Men's Weight Training (Teen Camp only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guitar Class
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baking & Pastry Art

Specialized Waterskiing/Wakeboarding/Horsemanship: 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. **Specialized horsemanship is only available during the Teen Camps.**

Junior Camp July 15-22 (ages 8-12) Tween Camp July 22-29 (ages 10-14) Teen Camp I July 29-Aug 5 (ages 12-16) Teen Camp II Aug 5-12 (ages 12-16)

Payment

General Camp	\$ 520
Specialized waterskiing/wakeboarding.....	\$ 600
Specialized horsemanship (teen camps only).....	\$ 580
Bus (round trip)	\$ 80
Bus (one way).....	\$ 40
Laundry	\$ 15

Please remember to include 13% HST on all camp fees except for spending money

Camp Fee..... \$ _____

Bus to camp from camp
 Toronto Oshawa _____

Laundry..... _____

13% HST..... _____

Tuck (spending money)

Total Fees..... \$ _____

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 | |
| Antidote: | <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: _____

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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: _____