

# Peacekeeper Park



## Adventure Camp

### Summer Registration Package 2010

This package includes all the information you will need to register for our summer programs! Inside you will find program dates, camper code of conduct, camper information including medical and social forms, as well as financial information.

#### How to Register

1. Read and sign the camper code of conduct (**both parent and camper**)
2. Complete the Camper information section
3. Check the program you wish to attend.
4. Fill out medical forms. **Everyone** attending must have a medical form
5. Review and complete financial forms.
6. Return package to Peacekeeper Park Adventure Camp with deposit and signed Camper Code of Conduct no later than **June 01 2010**

#### **Send forms to:**

Peacekeeper Park Adventure Camp  
c/o Bev Bast  
133 Beech Street  
Strathroy, Ontario  
N7G 1K9  
(519) 245-5222  
[bev.bast@sympatico.ca](mailto:bev.bast@sympatico.ca)

Information regarding what to bring, directions, arrival and departure, tuck shop, medications and a receipt will be included in the confirmation of enrolment package.

# PEACEKEEPER PARK ADVENTURE CAMP

## 2010 CAMPER CRITERIA & CODE OF CONDUCT

**Please review our camp policies and camper code of conduct carefully.** If any camper behaves in any way which compromises our ability to foster a sense of respect and preserve the dignity of every person at camp (campers & staff alike), the camper will be subject to disciplinary action to be determined by the Camp Director and staff, in consultation with parents/guardians. **This must be signed and returned with your camper application.**

1. The camper must be able to make choices, follow directions, and be aware they are participating in a camping program.
2. Have the physical and mental stamina to participate in a challenging outdoor program and have the desire to fully participate in the daily activities of camp
3. Have no recurring history of problems with respiration, swallowing or choking
4. Be able to comprehend their own needs, ask for assistance when necessary, and indicate when they are in distress.
5. Have a well-established communication system, verbal or augmentative, that allows for effective peer and staff interaction.
6. Will be able to receive assistance with physical care from more than one caregiver, including camp leaders and program staff.

**Camp is a group experience and therefore campers are required to:**

1. Have no frequent inappropriate behavioural tendencies towards abuse of themselves or others.
2. Be able to actively participate in a group environment with 1:3 ratio of staff to campers; please note that there is no full 1:1 care provided at camp.
3. Must be able to enjoy group meals and group activities without being disruptive to others.
4. Must be able to sleep in quarters with a group of campers without being disruptive or disrespectful to others.

**I have read and agree to abide by the policies of Peacekeeper Park Adventure Camp and camper code of conduct, and enter into all activities with a positive spirit.**

Signature of Camper: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## CONDITIONS OF ENROLMENT:

1. The Camp director reserves the right to dismiss a camper who, in her opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the Camp.
2. The parent(s)/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of a court order referring to visitation rights.
3. The parent(s)/guardians submitting this application understand that the deposit is **NON-REFUNDABLE** upon acceptance of your child/children.
4. The Camp Director reserves the right to deny any youth into the camp program and who does not meet the criteria, or their needs cannot be safely met.
5. The Camp Director reserves the right to deny admission to any camper whose condition upon arrival to camp is significantly different to that which was disclosed in the application form or was advised in writing prior to camp.
6. An interview of the applicant camper & their family may be requested before enrolment to ensure camper criteria is met.
7. While every precaution shall be taken to ensure the good welfare and protection of the camper, Peacekeeper Park Adventure Camp, it's Director, staff members, employees or facilities outside the camp grounds are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
8. I understand that I must supply the camp with a copy of a valid Ontario Health Card, or other acceptable hospital insurance card that will be used in the event that medical aide, outside the camp is required for any reason.
9. In the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at Peacekeeper Park Adventure Camp, the parent(s)/guardian will be notified immediately and will be responsible for any additional expense for additional care or transportation.
10. In the case of surgical emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anaesthesia, or surgery for the child named on this application.
11. The parent(s)/guardians hereby agree to reimburse the camp for any damage caused by the applicant camper.

# 2010 CAMPER INFORMATION FORM

## Peacekeeper Park Adventure Camp

### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth date: day: \_\_\_\_\_ / month: \_\_\_\_\_ / year: \_\_\_\_\_ Camper's Age on July 1<sup>st</sup> 2010: \_\_\_\_\_

Gender  Male  Female

Camper's Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

School: \_\_\_\_\_

Summer Address of Parent *If parent(s) are going to be away while camper is at camp*

\_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Tent Mate Request: *(Please note we will try to honour only one mutual request for campers of the same age)* \_\_\_\_\_

**Session Choice:**  Explorers  Voyagers  LIT  
July 4 -10 July 11 - 17 July 3-10, 11-17

Is this your child's first time to Peacekeeper Park Adventure Camp?  Yes  No, 1<sup>st</sup> year \_\_\_\_\_

Has your child ever been away from home without a parent?  Yes  No

Has your child ever been camping before?  Yes  No

Please describe your child's previous camping experiences \_\_\_\_\_

### PARENTS/GUARDIANS & EMERGENCY CONTACTS: *(feel free to attach separate sheet of paper if necessary)*

If there is a  separation,  divorce, or  step-parent that has Custody and is Legally Responsible for this camper:

Both Parents  Mother  Father  Grandparents  Guardian  Other: \_\_\_\_\_

**1<sup>st</sup> Contact**  Mr.  Mrs.  Ms.  Miss.  Dr.

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell / Pager: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

**2<sup>nd</sup> Contact**  Mr.  Mrs.  Ms.  Miss.  Dr.

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell / Pager: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

**3<sup>d</sup> Contact**  Mr.  Mrs.  Ms.  Miss.  Dr.

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell / Pager: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

### Shirt Size

- Small
- Medium
- Large
- X - Large
- XX - Large

# HEALTH INFORMATION

Campers Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Date of Campers Last Examination: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**ATTACH PHOTO**

*If This camper has a life-threatening allergy and/ or medical concern, we require a current photo with FULL NAME printed on back of photo*

**DIETARY INFO \*\* Please note, we are NOT a peanut free camp \*\***

Vegetarian     Vegan     Lactose Intolerant     Other: \_\_\_\_\_

Eating Habits:     Hearty     Average     Fussy

**Please indicate if camper has experienced any of the following:**

*\*\* please indicate any triggers that may cause difficulties \*\**

<b>Problem</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Unknown</u></b>	<b>Please Give Details use separate sheet if necessary</b>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sore Throats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sinus Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Clotting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bowel Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mobility Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Please indicate if the camper has had the following illnesses:**

<b>Illness</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Unknown</u></b>	<b>Please indicate date</b>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ALLERGIES:** Be as specific as possible, attach separate page if necessary.

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<b>Please explain reaction and usual treatment given</b>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Please indicate if camper has had the following immunizations:**

<b>Immunization</b>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<b>Please indicate date</b>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has the camper had any major **illnesses** or **operations**?  Yes  No

Please explain, and give dates: \_\_\_\_\_  
\_\_\_\_\_

Is your child able to fully participate in camp activities?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**FEMALE CAMPERS**

Has the camper menstruated?  Yes  No \*\* Please note campers must be independent with feminine hygiene\*\*

**MEDICATIONS**

Will the camper be on any medications while at Peacekeeper Park Adventure Camp?  Yes  No

**Medication Information sheets will be sent out upon acceptance to camp for all current medications.**

Please detail any other medical information of use to the camp nurse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to any communicable disease during the three weeks prior to arriving at camp.**

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL INFORMATION

Please provide any information that may help staff in providing a positive and meaningful camp experience for your child. FOR ANY SPECIFIC PROBLEMS OF A CONFIDENTIAL NATURE, PLEASE INCLUDE A SEPARATE LETTER TO THE CAMP DIRECTOR MARKED "CONFIDENTIAL"

### SWIMMING SKILLS

Is your youth a:  non-swimmer  beginner  average  above average

Is your youth comfortable swimming in a lake?  Yes  No

### SLEEPING AT CAMP

Does your youth have nightmares?  Yes  No

Is your child a bed wetter?  Yes  No

Does your youth require pull-ups?  Yes  No

Any other information that may help us at night. Don't forget we sleep in tents!

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### SOCIAL BEHAVIOUR

Is your youth::  Eager to attend camp  Urged by parent/guardian to attend camp

Is this camper hesitant about any aspect of camp? \_\_\_\_\_

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Does this camper have any serious fears? If so, please describe. \_\_\_\_\_

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Does your youth easily make friends with:  own age  younger  older  adults

In the past year have there been any changes in family relationships?

birth  marriage  death  separation  divorce  other \_\_\_\_\_  no changes

Please indicate if any of the following apply to your child:

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<b>Please explain usual method of dealing with behaviours.</b> <i>Attach Separate page for more information if necessary.</i>
Withdrawn/shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Verbally aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self injurious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is your youth presently on a behaviour modification program?  Yes  No *(If yes please attach a copy of the program)*

**Describe your youth's social interactions:**

- No difficulties functioning in social situations
- May need prompting and encouragement when getting involved in new experiences
- Requires complete supervision within social situations

**Describe your youth's decision making skills:**

- Independent
- Needs moderate prompting
- Needs total assistance

**Describe your youth's cognitive reasoning skills:**

- Clearly understands directions and responds accordingly
- Needs some direction and further explanation at times
- Often experiences confusion with comprehending basic tasks

Is there anything that we should be aware of regarding personal habits?

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What special talents or interests does this camper have?

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What is the most important thing you hope this camp experience will do for this camper?

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Is there anything else we should know about your child to make his/her stay more enjoyable?

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Dear Parents/Guardians

If your youth receives support through Special Services at Home, or is registered through the Easter Seals Association or with Ontario Association for Community Living, or other support services, there is funding available through these sources for your children to experience summer camps.

We suggest that you contact these sources as soon as possible to secure funding, to lessen the burden of the cost of camp. We also suggest going to your local service clubs, such as the Lions, Kiwanis Clubs, Rotary Groups to request funding if required.

We would love to offer our camp at as little of a cost as possible for you, however, we do not have the funds at this time to do this. Any funding that you may be able to secure on your end, is greatly appreciated.

Please feel free to contact me for more information if required.

Sincerely,

Bev Bast  
Camp Director

**FINANCIAL INFORMATION**

**Fee Includes:**

All meals while at camp, housing, use of all recreational equipment and facilities, instruction in activities, t-shirt and awards.

**Fee does not include:**

Transportation to and from camp and tuck shop purchases.

**Cancellation Policy:**

In the event of a cancellation, the \$150.00 processing fee for Voyager or Explorer Camp or \$250.00 for the LIT Program, is non-refundable. There will be no refund for cancellations made 30 days or less prior to the first day of camp, unless the cancellation is accompanied by a written explanation by a medical physician.

**Refund Policy**

Peacekeeper Park Adventure Camp reserves the right to dismiss any camper for behavioural problems at the discretion of the Camp Director. No Refund will be made for dismissal due to disciplinary action, late arrival or early departure.

**Dates**

**EXPLORERS**

**Length:** 7 days  
**Dates:** July 4-10 2010  
**Cost:** \$500.00 (\$150.00 deposit)

**LIT PROGRAM**

**Length:** 14 days  
**Dates:** July 3-10, July 11-17, 2010  
**Cost:** \$700.00 (\$250.00 deposit)

**VOYAGERS**

**Length:** 7 days  
**Dates:** July 11-17 2010  
**Cost:** \$500.00 (\$150.00 deposit)

**\*\*\*PLEASE NOTE\*\*\*** Any campers that will be attending camp for 2 weeks, will be required to go home on July 10 and they can return on July 11. We have found in the past that the campers benefit from a night at home. This also allows our staff to have a well deserved night off.

**FAMILY PAYMENT & ACCESSED FUNDING**

*Please indicate the amount that your family is able to contribute to the cost of camp. A minimum deposit of \$150.00 for Voyager & Explorer camp and \$250.00 for the LIT program is required with the application.*

Including the minimum payment, our financial recourses allow us to pay: \$\_\_\_\_\_ towards camp.

All payments must be processed and/or cashed by **June 01, 2010**. Checks will be cashed as dated and will be processed upon receiving the application. This does not mean that your child's position at camp has been confirmed.

Payment is being made by:  Cheque(s)       Money Order       Cash  
**Check(s) or Money Order(s) Made payable to Peacekeeper Park/Adventure**

**Amount Date & Number of each cheque or money order**

\$ _____	_____	_____	\$ _____	_____	_____
\$ _____	_____	_____	\$ _____	_____	_____
\$ _____	_____	_____	\$ _____	_____	_____

The following are external sources of funding that families are encouraged to approach to assist with funding for camp. Please note that you may access this funding *after* sending in your application, and that only the \$125.00 (\$225 for LIT's) minimum payment is required for processing your application. Please identify the funding sources that you have approached and attach the agency/company letter that states the amount that will or will not be covered for camp. For suggestions about other potential funding sources, please contact the Camp Director.

	<b>Yes</b>	<b>No</b>	<b>Amount</b>
Special Services at Home (SSAH)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Easter Seals Recreational Choices	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Total of all External Funding (as above)</b>			\$ _____
<b>Total contributed and accessed by family</b>			\$ _____
<b>Cost of Camp</b>			\$ _____
<b>FINANCIAL ASSISTANCE REQUIRED (PKP fundraising)</b>			\$ _____

## PARENT AGREEMENT

1. I have read and agree to Peacekeeper Park Adventure Camp's payment policies as detailed in the financial section of the Registration Information Package
2. I understand that registration forms cannot be processed unless signed and accompanied with the deposit. Peacekeeper Park Adventure Camp reserves the right to withdraw a camper's enrolment if not received by June 01, 2010.
3. I give permission for Peacekeeper Park Adventure Camp to transport this camper off camp property for the purpose of medical care or to participate in camp programming which involves leaving the camp premises (ie overnight camping, canoeing etc).
4. I have read and agree to Peacekeeper Park's Camper Code of Conduct as detailed in the Registration Information Package.

## PHOTO RELEASE

I Give permission to Peacekeeper Park Adventure Camp to include my child in photos taken by camp staff, and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes, but no names will be used (e.g. slide show, website photo gallery, brochures, camp fair display, etc).

If you do not want your child to be photographed for any reason, please print "Photos Prohibited" here: {\_\_\_\_\_} and check the box to indicate that your child is fully aware that he/she must be excluded from any/all individual or group photos.

Please note that other campers bring their own personal cameras and will take photos of each other throughout camp as well. We have no control over these photos.

## DEREGISTRATION

I as the parent /guardian give permission to Peacekeeper Park Adventure Camp to release my son/daughter only to the following names at the departure of camp.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**Please indicate if there is anyone that must NOT pick up the above camper.**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

**I have read all sides of this application form, and I hereby accept the conditions of enrolment.**

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Ways you can help!

Peacekeeper Park Adventure Camp survives on the generous donations from service clubs, corporations, individuals, grants and special events. Fundraising becomes more and more important each year, as we continue to offer our programs with a limited fee to a growing number of campers. We love and need parent involvement! Please indicate how you are able to help. If you have any fundraising suggestions, please call us and let us know at (519) 245-5222! Thank you for your support.

- I would be interesting in volunteering at an event in my area.
- I would be interesting in being a member of a parent fundraising committee in my area
- I would like a fundraising representative to call me and give me more details on how I can become involved.
- I would like to make a financial contribution to Peacekeeper Park Adventure Camp in the amount of \$\_\_\_\_\_

How did you hear about Peacekeeper Park Adventure Camp?

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If you have friends or relatives who would like to receive Peacekeeper Park Adventure Camp information, please list their names and addresses here.

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### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received:  Completed Registration  
 Medical Forms  
 Signed Code of Conduct  
 Deposit

Sent:  Camper Confirmation Package

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