



# 2012 REGISTRATION FORM SUMMER CAMPS

Please complete one form per camper  
Register online @ [www.iawah.com](http://www.iawah.com)

**Camp Session:**

Dates: \_\_\_\_\_

**Camper Name:**

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Camper Email: \_\_\_\_\_

Birth Date: *mm/dd/yy* \_\_\_\_\_

Grade: (as of fall 2012) \_\_\_\_\_

Male  Female

Note: The Parent/Guardian listed below has exclusive access to the Named Camper's information.

**Parent/Guardian(s):**

Parent/Guardian Email: \_\_\_\_\_

Phone (h): ( ) \_\_\_\_\_ Phone (w): ( ) \_\_\_\_\_

Phone (c): ( ) \_\_\_\_\_

Parent/Guardian address same as camper

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Emergency Contact:**

Relationship to Camper: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (h): ( ) \_\_\_\_\_ Phone (w): ( ) \_\_\_\_\_

Phone (c): ( ) \_\_\_\_\_

**Buddy Requests** - max. 3 - Requests must be mutual and Buddies of similar age.

\_\_\_\_\_

\_\_\_\_\_

**First time at IAWAH Summer Camps:**

**no** – last time attended was:  Last year  2 years ago  3 years ago  More than 3 years ago

**yes** – I heard about IAWAH from  Church  School  Internet  Advertising  Friend  Other: \_\_\_\_\_

**MAIN CAMPS** (Cost: \$545 plus HST)

Boys' Camp 1 | BOYS | ages 11-15 | Jul 1-7 *special rate - \$500 plus HST*

Boys' Camp 2 | BOYS | ages 11-15 | Jul 8-14

Girls' Camp 1 | GIRLS | ages 11-15 | Jul 15-21

Girls' Camp 2 | GIRLS | ages 11-15 | Jul 22-28

Squeeze 1 | CO-ED | ages 8-11 | Aug 5-11

Squeeze 2 | CO-ED | ages 8-11 | Aug 12-18

Rock on Rock | CO-ED | ages 11-14 | Aug 19-25

**SPECIALTY CAMPS**

Jump Start 1 | CO-ED | ages 7-9 | Jul 29-Aug 1 | \$305 plus HST

Jump Start 2 | CO-ED | ages 7-9 | Aug 12-15 | \$305 plus HST

Girls' Edge | GIRLS | ages 11-15 | Jul 15-21 | \$560 plus HST

Ignition | CO-ED | ages 15-17 | Jul 1-7 | \$675 plus HST

**OUT THERE ADVENTURE TRIPS** (Cost: \$560 plus HST)

Discovery Boys' 1 | BOYS | ages 10-12 | Jul 29-Aug 4

Discovery Boys' 2 | BOYS | ages 10-12 | Aug 12-18

Discovery Girls' 1 | GIRLS | ages 10-12 | Aug 5-11

Discovery Girls' 2 | GIRLS | ages 10-12 | Aug 19-25

Explorer Boys' 1 | BOYS | ages 12-14 | Jul 15-21

Explorer Boys' 2 | BOYS | ages 12-14 | Jul 22-28

Explorer Girls' | GIRLS | ages 12-14 | Aug 12-18

EPIC Rivers | CO-ED | ages 15-17 | Jul 1-7

EPIC Rocks & Rivers | CO-ED | ages 14-17 | Jul 8-14

EPIC Rocks | CO-ED | ages 15-17 | Aug 19-25

**ACTIVITIES AVAILABLE FOR JULY BOYS' AND GIRLS' CAMP ONLY:**

Archery | Canoeing | Climbing | Sports | Waterskiing | Wilderness Survival Skills | Recreational Swimming | Ride-on Kayaking | High Ropes Challenge Course | Crafts | Drama | Turf (non-competitive field games) | Fishing | Digital Photography (Please indicate if camper has own camera).

**Offered at Boys' Camps Only:**

Boys' 1 & 2 | Woodworking (\$20.00 fee)

**Offered at Girls' Camp Only:**

Girls' 2 only | Paper & Jewels (\$20.00 fee)  
*Cards, Jewelry and Scrapbooking*

**If you are attending Boys' 1 AND 2, or Girls' 1 AND 2, you may also choose:**

Lifesaving Programs: LSS Bronze Medallion (age 13) or Bronze Cross (age 14). choice equals two activity periods. \$60.00 material and exam fee.

*Please choose four activities in order of preference.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*Please choose two alternate activities in case all spaces are full for above choices.*

5. \_\_\_\_\_

6. \_\_\_\_\_

**Individual activity requests are only applicable for July Boys' and Girls' Camps.**  
*All other Camps have unique activity schedules. Please see [www.iawah.com](http://www.iawah.com) for specifics.*

**MEDICAL INFORMATION:**

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

Health Card #: \_\_\_\_\_      Expiry: \_\_\_\_\_  
validation code letters      yyyy/mm/dd

**Medication:** All medications must arrive at Camp in original containers and clearly labeled by the manufacturer or pharmacist including Doctor's orders. List all medications, dose and frequency, and reason for taking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the Camper take Tylenol (acetaminophen) if needed?  Yes  No

Can the camper take Advil (ibuprofen) if needed?  Yes  No

**Allergies:** Does the Camper have any allergies to foods, medications, anaesthetic or environment? List known reactions- Please attach as necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dietary Needs:** Does the camper have any food restrictions (i.e. Vegetarian etc.) Please do not list likes or dislikes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities:** Does the camper have any restrictions?

\_\_\_\_\_

\_\_\_\_\_

Is the camper immunized?  Yes  No

Are all immunizations up to date?  Yes  No

**Other Conditions or Needs:** Does the camper have a history of any physical, emotional, psychological, or social conditions that may affect participation or cabin relationships? This information is used only on a need-to-know basis by the directorial, medical, and cabin staff. Please explain any such conditions and how best to meet the camper's needs on an attached sheet of paper.

*Attach a letter from your physician explaining any serious conditions.*

**Physician Name:** \_\_\_\_\_

Phone (      ) \_\_\_\_\_

**COMMUNICATION OF INFORMATION**

Information is normally sent to the Camper c/o the Parent/Guardian using the Parent contact information (emails will be sent to parent email when applicable). By registering you are automatically included in all camper related mailings (brochures and promotion of IAWAH Camping Events throughout the year).  I would also like to receive the IAWAH Update quarterly newsletter.

**COST CALCULATION**

\$ \_\_\_\_\_ Camp Fees

\$ \_\_\_\_\_ Discounts (\$25 for each additional child after the 1st **and** each early registration)

\$ \_\_\_\_\_ SUBTOTAL

\$ \_\_\_\_\_ Taxes (13% HST on SUBTOTAL)

\$ \_\_\_\_\_ Activity Fees (see reverse for details)

\$ \_\_\_\_\_ **TOTAL CAMP FEES**

\$ \_\_\_\_\_ Tuck Deposit (Limit for candy is \$3/day X 5 days = \$15)

\$ \_\_\_\_\_ Donation to CampKids Bursary Fund

\$ \_\_\_\_\_ **TOTAL PAYABLE** by Cheque, Money Order, or Credit Card

VISA    MASTERCARD

Card #:      /      /      /      /      Expiry: \_\_\_\_\_  
mm/yyyy

Cardholder Signature: \_\_\_\_\_

**PAYMENT PLANS: Please Select**

- Full payment enclosed (cheque, money order, credit card authorization)
- Deposit of \$100 enclosed. I will pay the balance owing on or before February 29 for Early Registration Discount (postdated cheque or online payment).
- Deposit of \$100 enclosed. I will pay the balance on or before May 31 (postdated cheque or online payment).
- Deposit of \$100 enclosed. I will pay the balance in four monthly payments beginning March 31.

**DISCOUNTS:** Save \$25 per session when you pay the total Camp Fee on or before February 29. There is a \$25 discount for each additional child living in the same household registered in an IAWAH camp session. This discount does not apply to the first child.

**REFUNDS:** Deposit of \$100.00 is non-refundable. The balance of the fee is refundable if a cancellation is received no less than 30 days prior to Registration Day or if accompanied by a physician's medical certificate. No refund will be made for late arrivals, early departures or dismissal due to disciplinary action.

**STATEMENT OF UNDERSTANDING**

**PRIVACY:** Camp IAWAH will only use personal information collected for the purposes of IAWAH. Personal Information will not be given to any third party without acquiring consent. **DISMISSAL:** Camp IAWAH reserves the right to dismiss the Named Camper who, in the opinion of the Camp, is a hazard to the safety and rights of others, or appears to have rejected the reasonable controls of the Camp. **CUSTODY:** The Parent/Guardian submitting this form has legal custody of the Named Camper. Conditions of custody, if applicable, are enclosed including a photocopy of the section of any court order referring to visitation rights. **PROMOTIONAL MATERIALS:** Camp IAWAH and any third party authorized by IAWAH may use any photo, video, or recording of the Named Camper in IAWAH authorized materials. Campers will not be identified. **ACTIVITIES:** Some Camp activities may occur off IAWAH Property and the Named Camper may fully participate in such activities. **LOST ITEMS:** IAWAH is not responsible for personal items that are lost, stolen or damaged. **MEDICAL TREATMENT:** Every Camper must have valid health insurance (Ontario Health Insurance or equivalent). The Parent/Guardian

gives permission for the physicians and nurses selected by Camp IAWAH to assess and give medical treatment, including prescriptions, when necessary to the Named Camper. In the event that the Named Camper requires special medication, x-ray or other treatment beyond that which is available at Camp, the Parent/Guardian will be notified and is responsible for any transportation and medical care expense. In the event of surgical or medical emergency and the Parent/Guardian is not immediately available for consultation, Camp IAWAH has permission to secure proper treatment for the Named Camper. This treatment may or may not include hospitalization, injections, IV therapy, anaesthesia or surgery. **WAIVER:** Every precaution is taken for the safety and good health of IAWAH campers. In the event of an accident or sickness, Camp IAWAH (known corporately as IAWAH Christian Ministries) and its Camp Directors and Staff are hereby released from any liability. **DUTY TO INFORM:** It is the responsibility of the Parent/Guardian to ensure that IAWAH is informed of any information that may be necessary for the safety and rights of the Named Camper as well as the safety and rights of all other campers and staff.

**I have read and understood the above Statement of Understanding and agree to its terms and conditions:**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

please print