



2010 DAY CAMPER REGISTRATION FORM

Please return to: RR1 200 Shebeshekong Rd, Nobel, ON P0G 1G0

Tel: (705) 342-7345 Fax: (705) 342-7346

Email: director@hiddenbay.ca www.hiddenbay.ca



Session

Camper Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age as of Jul 1/10	
First		Last			
Birth Date	/ / (day month year)	Grade completed As of July 1/10	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bday@camp	Years at HBLC (incl 2010)
Camper Address		# and Street Name		City	Prov Postal Code
Would you like to receive the eHBLC Newsletter?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Camper Email	
Camper lives with		<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		<input type="checkbox"/> Other/specify: _____	
Mother/Guardian Name				Home Ph	()
Address (if different or summer home)		# and Street Name		City	Prov Postal Code
Email				Cell/ Bus#	()
Father/Guardian Name				Home Ph	()
Address (if different or summer home)		# and Street Name		City	Prov Postal Code
Email				Cell/ Bus#	()
Emergency Contact Name				Home Ph	()

Please Check (✓) Appropriate Session and Bus

<input type="checkbox"/>	Session	Dates	Optional Sleepover	Camp Cost (before tax)	Tax 13% HST	TOTAL
JULY						
<input type="checkbox"/>	J1 + J2	Mon. July 5 – Fri. July 9 Mon. July 12 – Fri July 16	<input type="checkbox"/> Thurs July 15	\$400	\$52.00	\$452.00
<input type="checkbox"/>	J3 + J4	Mon. July 19 – Fri. July 23 Mon. July 26 – Fri July 30	<input type="checkbox"/> Thurs July 29	\$400	\$52.00	\$452.00
AUGUST						
<input type="checkbox"/>	J1+ J2	Mon. Aug 2 – Fri. Aug 6 Mon. Aug 9 – Fri Aug 13	<input type="checkbox"/> Thurs Aug 12	\$400	\$52.00	\$452.00
<input type="checkbox"/>	J3 + J4	Mon. Aug 16 – Fri. Aug 20 Mon. Aug 23 – Fri Aug 27	<input type="checkbox"/> Thurs Aug 26	\$400	\$52.00	\$452.00

10 % Discount available (for one of the following) :

- 1) for families registering more than one camper,
- 2) multiple sessions
- 3) early bird registration before May 15, 2010

One week registrations are available. Please call (705) 342-7345 to discuss availability.

2010 DAY CAMPER HEALTH FORM



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 Tel: (705) 342-7345 Fax: (705) 342-7346
 Email: director@hiddenbay.ca www.hiddenbay.ca



Session

Camper Name	<input type="checkbox"/> Male	/ /
First	<input type="checkbox"/> Female	(day month year)
Last	Birth Date	
Health Card Number	Expiry Date	Version Code
Physician's Name	Phone	()
Address	City	Prov
Street	Postal Code	
Date of last examination by physician		

Please note: all medications sent including prescriptions and all over the counter medications, must be sent in original package accompanied by a signed note from the parents/guardian, giving permission for the medication to be administered to your child. Your child will NOT receive their medication otherwise.

Current Medications (please use another piece of paper as necessary)

Type of Medication	Dosage	Frequency
1.		
2.		

IT IS MANDATORY THAT A COPY OF YOUR CHILD'S IMMUNIZATION CARD IS SUBMITTED WITH THIS FORM

Please fill in the following to help us provide a safe and comfortable camp experience for your camper.

Does your child have any of the following challenges/restrictions:	
<input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> behavioural <input type="checkbox"/> dietary <input type="checkbox"/> allergies/reactions <input type="checkbox"/> Reach For The Rainbow camper <input type="checkbox"/> other	
If yes, please state details very clearly	
Family: Have there been any significant changes in recent family relationships?	
<input type="checkbox"/> birth <input type="checkbox"/> marriage <input type="checkbox"/> death <input type="checkbox"/> separation <input type="checkbox"/> divorce	
Explain if necessary	
Is there a custody order in place? If so, please send us a copy of the order .	

Explain if necessary	
Sleeping Habits (relating to the optional sleepover)	<input type="checkbox"/> bed wetting <input type="checkbox"/> sleep walks <input type="checkbox"/> nightmares
Eating habits	
<input type="checkbox"/> fussy <input type="checkbox"/> average <input type="checkbox"/> hearty <input type="checkbox"/> vegetarian (specify) <input type="checkbox"/> other _____	
Social	
<input type="checkbox"/> makes friends easily <input type="checkbox"/> needs to be encouraged to participate <input type="checkbox"/> shy <input type="checkbox"/> outgoing	
Attitude toward Camp	
<input type="checkbox"/> enthusiastic <input type="checkbox"/> lukewarm <input type="checkbox"/> interested <input type="checkbox"/> apprehensive <input type="checkbox"/> attending with a friend _____	
Swimming	
<input type="checkbox"/> non swimmer <input type="checkbox"/> frightened of water <input type="checkbox"/> beginner <input type="checkbox"/> moderate <input type="checkbox"/> strong <input type="checkbox"/> level _____	
Cabin Requests Please provide the name of one (1) friend for the optional sleepover	
Please provide any further comments/suggestions that would be helpful.	_____ _____ _____ _____ _____ _____

CAMP INFORMATION:

How did you hear about Hidden Bay? (If you were referred by a camper coming this summer, please include their name)

Please send info about Camp to the following:

Mailing: _____

Email: _____

Please note: your child will be expected to eat the nutritious meals provided unless an allergy is identified with a copy of Doctor's note. It is also expected that your child will participate in water activity unless a serious reason is identified by a copy of a Doctor's note.

Hidden Bay Leadership Camp is peanut aware. However, it cannot guarantee to be a peanut-free environment. We do seek to reduce the risk of exposure and therefore do not use or serve peanuts, peanut products or tree nuts on camp property. However, unless a serious allergy is identified, the foods we purchase and serve may contain traces of nut products.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS HEALTH FORM IS COMPLETE AND ACCURATE.

Parent/Guardian: _____ Date: _____

For Office Use Only:

<input type="checkbox"/> Received on: _____	Initial: _____
<input type="checkbox"/> Immunization copy attached	Initial: _____
<input type="checkbox"/> Copy filed	Initial: _____
<input type="checkbox"/> Letter sent to family on: _____	Initial: _____