



Cedar Ridge Camp

Camper Information

**Camper Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
DAY MONTH YEAR

**Home Address:** \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City Province/State Postal/Zip Code Country

**School:** \_\_\_\_\_ **Grade(as of Sept 2015):** \_\_\_\_\_

Session Preference (please check one)

<input checked="" type="checkbox"/>	Session length	Dates	Cost	Ages
<input type="checkbox"/>	1 Month	June 27-July 23	\$3175.00*	7-16
<input type="checkbox"/>	2 Weeks -A	June 27 - July 10	\$1800.00*	7-16
<input type="checkbox"/>	2 Weeks - B	July 10 - July 23	\$1800.00*	7-16
<input type="checkbox"/>	2 Weeks - C	July 26 - August 8	\$1800.00*	7-16
<input type="checkbox"/>	LIT - 4 weeks	June 2 - July 23	\$2350.00*	16-17
<input type="checkbox"/>	LIT - 6 weeks	June 2 - August 8	\$3250.00*	16-17

\* All prices are subject to 13% HST

Parent/Guardian Information

In the case of separation or divorce, please indicate with whom the camper lives and who should be our primary contact.

Invoice this parent/guardian

**Parent/ Guardian:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_  
Title Surname Given Name

**Home Phone #:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Email :** \_\_\_\_\_

Your e-mail address will be used for communication regarding your child's time at camp. If you would like to receive the Cedar Ridge Camp newsletter, please check here.

**Home Address:** \_\_\_\_\_  
Street Address Apt #

Same as camper  
City Province/State Postal/Zip Code Country

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Invoice this parent/guardian

**Parent/ Guardian:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_  
Title Surname Given Name

**Home Phone #:** \_\_\_\_\_ **Bus. Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Email :** \_\_\_\_\_

Your e-mail address will be used for communication regarding your child's time at camp. If you would like to receive the Cedar Ridge Camp newsletter, please check here.

**Home Address:** \_\_\_\_\_  
Street Address Apt #

Same as camper  
City Province/State Postal/Zip Code Country

Summer Contact:

Please provide us with a summer phone number **if different from above**. Please indicate who can be reached at this number.



Cedar Ridge Camp

**Transportation**

To Camp	✓	Cost*	From Camp	✓	Cost*
Bus from Toronto		\$70.00	Bus to Toronto		\$70.00
Bus from Ottawa		\$50.00	Bus to Ottawa		\$50.00
Toronto Pearson Airport**		\$80.00	Toronto Pearson Airport**		\$80.00
Own Transportation		-	Own Transportation		-

\*All prices are subject to 13% HST

\*\*Please attach a copy of flight information where applicable. Any campers arriving or departing by plane on days other than scheduled pickup days will be charged \$150.00 per trip.

**How did you hear about Cedar Ridge Camp?**

I'm a returning camper		Facebook	
Word of mouth		Twitter	
Google search		OCA website	
Globe and Mail		OCA guide	
Diplomat Magazine		Amici	
Ottawa Citizen		Camp Concord website	
Toronto Star			

Other (Please specify): \_\_\_\_\_

**Payment**

A \$100 deposit is required at the time of registration to hold your space in the session. This deposit is non-refundable. If withdrawal from the camp session occurs on or before April 30, 2015, all amounts paid, other than the non-refundable \$100.00 will be refunded. No refund of camp fees will be made after April 30, 2015. The balance of camp fees is due and payable by April 30, 2015.

Tuck shop purchases, medical expenses, laundry, canoe trip transportation, and other incidental costs are not included in the camp fees. These costs will be billed to your account and invoiced at the end of the session. A credit card authorization form must be filled out in order to register your camper(s). Any outstanding fees will be automatically billed to your credit card if payment is not received within 30 days.

We accept payment by cheque payable to Cedar Ridge Camp, Visa, or MasterCard. Payment plans are available upon request. Please contact the camp office to make arrangements.

**Terms and Conditions**

I approve my child's participation in all of the camp's activities, unless I have otherwise advised Cedar Ridge Camp in writing. I acknowledge that such participation involves risks and hazards incidental thereto. I agree to release and indemnify Cedar Ridge Camp Inc. and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default.

I grant Cedar Ridge Camp Inc. permission to use any photos taken of my child in their promotional materials.

Dismissal: THE CAMP DIRECTOR HAS THE DISCRETION TO DISMISS THE CAMPER IN THE EVENT THAT THE CAMPER BREACHES CAMP CODE OF CONDUCT. THERE WILL BE NO REFUNDS OF FEES UNDER ANY CIRCUMSTANCES OF DISMISSAL.

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

\_\_\_\_\_  
Date



Cedar Ridge Camp

MEDICAL FORM

**Camper Information:**

**Camper Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
DAY MONTH YEAR

**Home Address:**  
 Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Parent/Guardian Contact Information**

_____	_____	_____	_____
<small>Name</small>	<small>Home Phone</small>	<small>Work Phone</small>	<small>Cell Phone</small>
_____	_____	_____	_____
<small>Name</small>	<small>Home Phone</small>	<small>Work Phone</small>	<small>Cell Phone</small>

**Medical Information:**

**Provincial Health Insurance:** \_\_\_\_\_ Version Code \_\_\_\_\_

**Other Insurance Coverage:** \_\_\_\_\_ Name of Carrier \_\_\_\_\_  
If your child is not covered by provincial health insurance, you must obtain private health insurance for him or her before his or her arrival at Cedar Ridge Camp. \_\_\_\_\_ Policy Number \_\_\_\_\_

**Emergency Contacts:**

In the event that the parents or guardians cannot be contacted, we will contact the people listed below in the listed order.

_____	_____	_____
<small>Name</small>	<small>Phone Number</small>	<small>Relationship to Camper</small>
_____	_____	_____
<small>Name</small>	<small>Phone Number</small>	<small>Relationship to Camper</small>
_____	_____	_____
<small>Name</small>	<small>Phone Number</small>	<small>Relationship to Camper</small>

**Dietary Requirements:**

Please list any dietary requirements that your child may have including, but not limited to:

Food allergies       Lactose Intolerance       Vegetarian

Please describe as necessary:

\_\_\_\_\_

\_\_\_\_\_

**Immunizations:**

Please check that your child's immunizations are current.

Diphtheria	Pertussis	Polio	Measles	Tetanus



Cedar Ridge Camp

**Medications:**

Please list any medications that your child currently takes, including dosage and frequency.

**Please note:** Any medications, including over the counter drugs, brought to camp, with the exception of Epi-Pens and emergency inhalers, will be locked in the infirmary and administered by the camp physician/nurse as required. **All medications must be in original containers.**

Medication	Dosage	Frequency

**Medical Conditions**

Does your child wear glasses or contact lenses? Yes  No

My child suffers from/has suffered from:

Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sleep Walking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Urinary Tract Infections	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bedwetting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Thyroid Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraine Headaches	Yes <input type="checkbox"/> No <input type="checkbox"/>
ASD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nosebleeds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bleeding Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
ADD/ADHD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Environmental Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medication Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above, or feel that there is any other information regarding illnesses, operations, injuries, treatments, physical or emotional conditions, etc. that would be useful to the camp physician/nurse, please provide details here. Please attach additional sheets as necessary.

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To the best of my knowledge, \_\_\_\_\_ (camper's name) is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of a medical and/or surgical emergency, I hereby give permission to the physician and/or nurse selected by the Camp Director to secure proper treatment (e.g. medication, hospitalization, injections, transfusions, anesthesia, or surgery as appropriately required) for my child.

I certify that the above information is accurate, and that I concur with the statements as described.

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

\_\_\_\_\_  
Date



Cedar Ridge Camp

QUESTIONNAIRE

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

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

**PART 1: This page is to be completed by the parent/guardian. Please be candid and provide examples where appropriate. The more information we have regarding your child, the more we can prepare our staff and tailor our program to provide the best camping experience for your child. Please attach additional pages as necessary.**

Why are you sending your child to camp?

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In your opinion, what are your child's thoughts about coming to camp this summer? (Does he or she appear to be anxious, excited, hesitant, etc.)

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What skills would you like your child to learn while at camp?

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Has your child ever been away from home?	Yes	No
If yes, were there ever any problems while away?	Yes	No
Do you anticipate that your child could be homesick?	Yes	No
Has your child ever had a problem with bullying?	Yes	No
Have there been any major changes in your child's life in the past year? (This may include incidents such as separation/divorce, moving, death, etc.)	Yes	No
Has your child had difficulties making new friends?	Yes	No

If you have indicated 'yes' to any of the above, please elaborate.

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Is there anything else that we should know that could contribute to the success of your child's camp experience?

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Cedar Ridge Camp

**PART 2: This page is to be completed by the camper.**

This is my \_\_\_ year at Cedar Ridge Camp.

What are your feelings about coming to Cedar Ridge Camp this summer?

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Which 3 activities are you most looking forward to?

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Which activity are you *least* looking forward to, and why?

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Do you have any goals for your time at Cedar Ridge?

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What are your hobbies and interests?

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Do you have any cabin mate preferences?

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Please read the code of conduct included in your registration package.

By signing below, you understand and accept the rules as outlined in the Cedar Ridge Camp Code of Conduct. Failure to adhere to these rules this could be sufficient grounds for immediate dismissal with no refund of fees.

WE RELY 100% ON TRUST AT CEDAR RIDGE CAMP.

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Signature of Camper

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Date

**ACKNOWLEDGEMENT:** I acknowledge having reviewed the camper information form, camper code of conduct, and all other information with my child and agree to the conditions contained in this form.

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Signature of Parent/Guardian

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Date



## Cedar Ridge Camp

### **Code of Conduct**

At Cedar Ridge, we want to provide the very best camping experience to everyone. In order to do so, it is important that everyone abide by the camp rules. Failure to adhere to the camp rules could result in dismissal at the directors' discretion.

Parents, please review the Code of Conduct with your child(ren). Parents of campers who are dismissed as a result of non-compliance will NOT receive a refund.

Bullying & Abuse – Bullying and abuse of any kind will not be tolerated. This includes but is not limited to using inappropriate language, gossip, threats, teasing, exclusion, or harassment.

Physical Violence - Pushing, shoving, pinching, kicking, hitting, etc. are intolerable offences.

Alcohol and Drugs – The possession or use of drugs or alcohol is expressly prohibited.

Smoking - Campers are not permitted to smoke or to have cigarettes in their possession.

Stealing and Destruction of Property – Theft or destruction of the Camp's or others' personal property will be dealt with firmly, and costs for replacement/repairs will be charged to parents.

Respect - It is expected that campers will show respect for their fellow campers, staff members, and the environment. This includes being sensitive to the needs of others and not discriminate based on age, race, gender, ethnicity, body type, appearance, or religion. Campers are expected to positively contribute to all camp activities and to their cabin group.

Electronics, etc. – The use of cell phones, music players, and video game devices is prohibited at camp. Please do not bring electronics to camp. These items will be confiscated by the camp and returned upon departure. Cedar Ridge is not responsible for lost or stolen items.



Cedar Ridge Camp

**Credit Card Authorization**

Cardholder's Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

The undersigned hereby authorizes Cedar Ridge Camp Inc. To bill the following amount to his/her credit card, as supplied below. Any charges that are not paid within 30 days of the camper's departure will automatically be billed to this credit card.

**Deposit**

Amount: \$100.00

Date Due: Upon registration

**Balance**

You will be sent an invoice for the balance of the camp fees. Camp fees are due by April 30, 2015.

**Credit Card Information:**

Visa \_\_\_\_\_ MasterCard\_\_\_\_\_

Card number: \_\_\_\_\_

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