



**HIDDEN BAY  
LEADERSHIP CAMP**

**2012 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](mailto:director@hiddenbay.ca) www.hiddenbay.ca



Session
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<b>Camper Name</b>					<input type="checkbox"/> Male	
					<input type="checkbox"/> Female	
	<b>First</b>	<b>Last</b>			Age as of Jul 1/2012	
<b>Birth Date</b>	/ /			<input type="checkbox"/> Yes		
	(day month year)	<b>Grade completed As of July 1/12</b>		<b>Bday@camp</b>	Years at HBLC (incl 2012)	
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: _____			<b>Camper email</b>		
<input type="checkbox"/> <b>Check here for Returning Campers Please indicate only new information below.</b>						
<b>Mother/Guardian Name</b>				<b>Father/Guardian Name</b>		
# Street Name			# Street Name			
City		Prov	Postal Code		City	
City		Prov	Postal Code		City	
<b>Email</b>				<b>Email</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like to receive information by email?				
<b>Home Ph #</b>	( )			<b>Home Ph #</b>	( )	
<b>Work Ph #</b>	( )			<b>Work Ph #</b>	( )	
<b>Cell Ph #</b>	( )			<b>Cell Ph #</b>	( )	
<b>Emergency Contact Name</b>				<b>Contact Home Ph # &amp; Relationship:</b>	( )	

**Please Check (✓) Appropriate Session and Fees**

<b>Summer Day Camp July Sessions</b>		<i>Optional Sleepover \$49.00 per session</i>
\$225.00/ week    Ages 6-12		
<input type="checkbox"/> J1	Mon. July 2 – Fri. July 6	n/a
<input type="checkbox"/> J2	Mon. July 9 – Fri. July 13	<input type="checkbox"/> Thurs July 12
<input type="checkbox"/> J3	Mon. July 16 – Fri. July 20	n/a
<input type="checkbox"/> J4	Mon. July 23 – Fri. July 27	<input type="checkbox"/> Thurs July 26
<b>Summer Day Camp August Sessions</b>		<i>Optional Sleepover \$49.00 per session</i>
\$225.00 /week    Ages 6-12		
<input type="checkbox"/> A1	Mon. July 30 – Fri. Aug. 3	n/a
<input type="checkbox"/> A2	Mon. Aug. 6 – Fri. Aug. 10	<input type="checkbox"/> Thurs Aug 9
<input type="checkbox"/> A3	Mon. Aug. 13 – Fri. Aug. 17	n/a
<input type="checkbox"/> A4	Mon. Aug. 20 – Fri. Aug. 24	<input type="checkbox"/> Thurs Aug 23

**Please note:** Lunch and snacks are included in summer camp fees only.

Optional Sleepover- includes dinner and breakfast

**Transportation** to and from camp is the responsibility of the parent for all day camp sessions.

**Drop off Time:** 8:00 – 8:30 am    **Pick up Time:** 4:45 - 5:15 pm

**PAYMENT METHODS (please check (✓) one method of payment below)**

<p><b>1. Full Payment</b></p> <p>Fee \$ _____</p> <p>TOTAL \$ _____</p> <p><input type="checkbox"/> Cheque <input type="checkbox"/> Visa</p>	<p><b>Credit Card Payment</b></p> <p><input type="checkbox"/> Visa</p> <p>Card #: _____/_____/_____/_____</p> <p>Expiry Date: _____(m)_____(y)</p> <p>Card Holders Name: _____</p> <p>Signature: _____</p>	<p><b>2. Installments (Cheques payable to YPCE)</b></p> <p><input type="checkbox"/> Cheque <input type="checkbox"/> Visa</p> <p><input type="checkbox"/> Deposit (minimum \$50.00) \$ _____</p> <p><input type="checkbox"/> April 1, 2012 \$ _____</p> <p><input type="checkbox"/> May 1, 2012 \$ _____</p> <p><input type="checkbox"/> Total \$ _____</p>
<p>Registrations received after May 1, 2012 must be accompanied by full fee which includes the deposit. Fees are refundable, less the non refundable deposit, up to June 1, 2012. Thereafter they are refundable only for medical reasons with a doctor's certificate.</p>		

**REGISTRATION POLICY - PLEASE READ**

- Camp Space** - Age, grade and gender are considered when determining available space in the session(s) of your choice.
- Camp Phone** - The camp phone is for emergency situations only and not for camper use.
- After Registration** - Upon receipt of the completed Registration/Health History Forms and payment, a pre camp letter will be sent to confirm your registration.
- Refusals** - Hidden Bay Leadership Camp reserves the right to refuse to register a camper based on previous camp behaviour, misconduct or a lack of resources to meet a child's medical needs. A full refund less deposit will follow should this occur.
- Income Tax Receipts** - Tax receipts for registration fees paid will be issued at the end of the year. Please inform the office of any address changes.
- NSF Payments/Cheques** - A \$50.00 service charge will be levied on all NSF payments. Replacement cheques must include the service charge and must be certified.

**CANCELLATION AND REFUND POLICY**

Hidden Bay Leadership Camp reserves the right to cancel any camp session if a minimum number of participants have not registered one week prior to the program starting. Hidden Bay Leadership Camp will issue full refunds if this occurs. Refunds are not granted if the parent/guardian withdraws a camper before the end of the session, if the camper arrives with a communicable disease or is sent home for misconduct. Summer camp fees are refundable, less the non refundable deposit, up to June 1, 2012. Thereafter, they are refundable only for medical reasons with a doctor's certificate. ***Any requests for refunds must be made in writing to the Camp Director.***

**AUTHORIZATION**

By registering and permitting ..... (Child's name) to attend Hidden Bay Leadership Camp, I the undersigned parent, legal guardian or other legally authorized party hereby agree that:

My child will participate in the full program including all camp activities. The camp administration has the right to dismiss any camper who, in their opinion, is a hazard to the safety or rights of others, who appears to have rejected the reasonable expectations of the camp, or who arrives with a communicable disease, and that I am responsible to provide their return transportation.

I/we release Hidden Bay Leadership Camp and York Professional Care & Education Inc., it's trustees, directors, corporations members, staff and agents from any liability for loss, personal injury, accident, misfortune or damage to the above-named or his/her property with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named camper. Each camper must be covered by Ontario Health Ins. or equivalent medical insurance.

My signature (parent/guardian) on this application shall give the Camp Director/Designate permission to transport my child to a nearby physician or hospital, and to obtain medical attention necessary for my child's welfare and good health including ordering injections, anaesthesia or surgery. In such situation, the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.

I have read, understand and agree to the registration, cancellation and refund policy. I understand and agree that photographs and/or videos taken at Hidden Bay Leadership Camp may be used for promotional material.

_____	_____
<b>Date</b>	<b>Parent/Guardian</b>
<p>For Office Use Only: Initial: _____ <input type="checkbox"/> Reg Received on: _____ <input type="checkbox"/> Letter to family on: _____</p> <p><input type="checkbox"/> Payment Amount: \$ _____ <input type="checkbox"/> Discount _____ <input type="checkbox"/> Health Form Attached <input type="checkbox"/> Immunization Form Attached</p> <p>details : _____ <input type="checkbox"/> PS CA <input type="checkbox"/> BBPS <input type="checkbox"/> DSSAB subsidy</p>	



**2012 CAMPER HEALTH FORM**

Please return to: 15203 Yonge St., Aurora, ON, L4G 1L8  
 Tel: (905) 841.1314 or (416) 969.8133 Fax: (905) 841.8889  
 Email: [director@hiddenbay.ca](mailto:director@hiddenbay.ca) www.hiddenbay.ca



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

***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.
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**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.

<b>Does your child have any of the following challenges/restrictions:</b> <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. *** please attach another page if needed.	
<b>Family:</b> 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	
<b>Sleeping Habits</b> <input type="checkbox"/> bed wetting <input type="checkbox"/> sleep walks <input type="checkbox"/> nightmares	
<b>Eating habits</b>	
<input type="checkbox"/> fussy <input type="checkbox"/> average <input type="checkbox"/> hearty <input type="checkbox"/> vegetarian (specify) <input type="checkbox"/> other _____	

**Social**

makes friends easily  needs to be encouraged to participate  shy  outgoing

**Attitude toward Camp**

enthusiastic  lukewarm  interested  apprehensive  attending with a friend \_\_\_\_\_

**Swimming**

non swimmer  frightened of water  beginner  moderate  strong  level \_\_\_\_\_

**Cabin Requests**

Please provide the name of one (1) friend

**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 or staff member, please include their name: \_\_\_\_\_

If you referred a new camper to our camp, please include their name: \_\_\_\_\_

Would you like us to send information about Hidden Bay to another friend or contact?  Yes  No

If, Yes, please indicate the following information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*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: \_\_\_\_\_



## Day Camp Sessions

15203 Yonge St., Aurora, ON, L4G 1L8 Tel: (905) 841-1314 Fax: (905) 841-8889  
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### July and August Day Camp Sessions

#### for campers 6-12 years of age

Our Summer day camp programs offer kids a chance to have a camp experience while still being able to go home at night

to share their experiences with their families.

Campers will be divided into “cabin groups” with other day campers similar in age, and will be able to

choose up to 3 activities a day.

All campers are assigned to a swim class based on ability, where they can build on skill development and comfort in the water.

All meals and snacks are provided.

Campers have the option to stay overnight on a Thursday, complete with campfires and smores! (Additional cost)

Please fill out Day Camper Registration Form.

### Overnight Camp Sessions

Hidden Bay offers 5, 8, and 12-day overnight camp sessions for campers 5-16 years of age, and a 4-day, 3-night Junior camp.

For older campers, we offer a 2-week intensive Leaders-in-Training program, and a Counsellor-in-Training program for campers 15-17 years of age.

Please see [www.hiddenbay.ca](http://www.hiddenbay.ca) for more information.

Please fill out Overnight Camper Registration Form.

#### **NOT sure if your child is ready for overnight camp?**

##### **Consider the following questions:**

- are they comfortable having overnights with friends or non-family members?
- are they starting to show independence, such as choosing their own clothing options, or meal options?



# SESSION DATES and RATES 2012

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DAY CAMP SESSIONS	DATES	AGES	Camp Fee
<b>JULY SESSIONS</b>	J1: Mon. July 2—Fri. July 6 J2: Mon. July 9—Fri. July 13 J3: Mon. July 16—Fri. July 20 J4: Mon. July 23—Fri. July 27	<b>Ages 6-12</b>	\$225/ Week <i>(\$49.00 for optional sleepover)</i>
<b>AUGUST SESSIONS</b>	A1: Mon. July 30—Fri. Aug. 3 A2: Mon. Aug. 6—Fri. Aug. 10 A3: Mon. Aug. 13—Fri. Aug. 17 A4: Mon. Aug. 20—Fri. Aug. 24	<b>Ages 6-12</b>	\$225/ Week <i>(\$49.00 for optional Sleepover)</i>

**PAYMENT:**

**Summer Camp Programs:** 1) \$50 Deposit Due upon Registration 2) 50% of Remainder Due on April 1st, 2012 3) Balance is due on May 1<sup>st</sup>, 2012