

2018 FRONTLINE ACTION CHRISTMAS CAMP APPLICATION

Please complete both sides of application

CONDITIONS OF ENROLLMENT—please read carefully and sign. *The Camp Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and right of others, or who appears to have rejected the reasonable controls of the Camp.

- There will be no refund for cancellations made less than 7 days prior to the first day of camp, unless the cancellation is accompanied by a doctor’s note. Once application is accepted there will be a 25% non-refundable processing fee. No refund will be made for dismissal due to disciplinary action, late arrival, or early departure including homesickness. In the case of withdrawal from camp on a physician’s order, a gift certificate will be provided for the equivalent of the unused portion of the camp term.
- The parents or guardians submitting the application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated in writing to Frontline Action, including a photocopy of the section of any court order referring visitation rights.
- While every precaution shall be taken to ensure the good welfare and protection of the camper, Frontline Action, its Directors, staff members, employees, or facilities outside Frontline facilities, are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
- I give permission for Frontline Action to use any photograph or video footage my child is in for promotional materials.
- The parents/guardians hereby agree to reimburse Frontline Action for any damage caused by the applicant camper.
- I have read all sides of this application form, understood the above Camper information, and I hereby accept the conditions of enrolment.

_____ Date

_____ Signature

****This application is not valid unless signed by a Parent or Guardian****

CAMP OPTIONS

Camper can attend camp for ½ days and full days or any combination. Please check off days attending and add up the cost below.

December 27- January 4

Attending

Days attending:

- | | |
|-----------------------|--------------------------|
| Thursday, December 27 | <input type="checkbox"/> |
| Friday, December 28 | <input type="checkbox"/> |
| Monday, December 31 | <input type="checkbox"/> |
| Wednesday, January 2 | <input type="checkbox"/> |
| Thursday, January 3 | <input type="checkbox"/> |
| Friday, January 4 | <input type="checkbox"/> |

4-6 Days (\$190)	\$190 X _____	(# of Days) =	_____
Full Days (\$50/Day)	\$50 X _____	(# of Days) =	_____
½ Days (\$30/ ½ day)	\$30 X _____	(# of ½ Days) =	_____
Early Pickup and Drop off (\$10/day)	\$10X _____	=	_____
Pizza, juice, water and pop lunch option (\$5/day)	\$5X _____	=	_____

Fee Subtotal....._____

HST (13%)....._____

Prepaid Amount....._____

Total Enclosed....._____

Fees do not include transportation (unless purchased) to and from our facilities and snack shop purchases.

Confirmation & Directions:

Drop off will be 10 Pearl Place in St. John's. Upon receiving your complete Registration Form and acceptance, we will send you a receipt, directions, and a list of what to bring to the camp, with arrival and departure times.

PAYMENT OPTIONS:

You can fax to 709-364-9627 or email to tdavis@frontlineaction.com or drop off your completed registration and payment to Frontline Action's Family Center located at 10 Pearl Place in St.John's. Full payment by Debit, Cash, Visa, Cheque or MasterCard

Name of Cardholder: _____ Credit Card#: _____ Exp Date ____/____/
Signature: _____

Camper Information

Camper's Name: First _____ Surname _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____ Home Phone: _____
Cell: _____

(Correspondence will be sent to this address)

Gender: M F camper's Date of Birth: ____/____/____ Age at Camp: _____
Day/ Month/ Year

Email where correspondence can be sent: _____ Where did you hear about our camps? _____

Attend camps before? _____ Child lives with: (circle one) Both Parents / Mother / Father / Guardian / Foster Parents

Parent's/Guardian Name and Business Phone Number:

Father (Full Name): _____ Business Phone: _____

Mother Full Name: _____ Business Phone: _____

Health Card Number: _____ Exp Date: _____

2nd Emergency Contact: _____ Relationship: _____

Phone Number: _____

****Please complete all sections on application****

We respect your privacy and never sell, rent, trade, or otherwise share personal information. All personal information received by Frontline Action is handled with strict confidentiality for the purpose of enrolling your child in camp and follow-up.

We strive to provide a positive experience for campers of all abilities through our fun activities and caring environment. Our programs are designed to entertain and challenge children and teens, giving them the camp experience of a lifetime!

Medical Information

Family Doctor: _____ Phone: _____

Current Medication: (if needed at the Camp)

*Does your child have any conditions (mental, physical or behavioural), that require medication to be dispensed at camp or that require special attention? Yes ___ No ___ Please attach a detailed note if Yes.

*Due to the structure of our program, Frontline Action requests that medication required throughout the year be sent with your child to camp.

*All medication brought to camp MUST be turned in at registration, including vitamins and Tylenol. They must be labelled with the name of medication and directions for use.

Prescription medication MUST be in the original container with user's name printer on label.

One on One staff support: Does your child have any conditions (mental, physical, or behavioural), which requires one on one staff support? Yes ___ No ___

**If "Yes", please contact the Frontline Action, extra fees apply.

Allergies: Please list any allergies your child may have (ie food, drugs, bee stings, environmental, animal, etc)

*Please give detail list of any other concerns (health, physical, emotional, etc) that camp staff should be aware of.
_____ (use separate letter if needed) Over the Counter Drugs—During Camp: I
_____ give permission for my child to be given the following by the First Aid person if required.

Please check which can be given.

Appropriate Cold Formula _____ Acetaminophen (Tylenol) ___ Ibuprofen (Advil)_____ Appropriate Allergy Formula _____
Dimenhydrinate (Gravol) ___ Antacid _____

Immunizations:

Are immunizations up to date including tetanus booster? Yes ___ No ___ *If Immunizations are not up to date, please plan to have them made current before camp.

Authorization for treatment:

*I hereby authorize the camp personnel to handle any medical problems with my child during his/her stay at the camp.

*In the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at the Camp, every reasonable attempt will be made as soon as possible to notify the parent (s) and the parent will be responsible for any expense for additional care or transportation.

*In case of surgical emergency, I hereby give my permission for, and order injection, anaesthesia, or surgery for my child named on this application.

*I will inform the camp staff if my child has had a communicable disease within the three weeks prior to his/her stay at the camp. The camp has my permission to contact my family doctor.

Signature of parent / guardian

Date

Health and Safety

Health and safety are emphasized at all times at Frontline Action. We have a qualified 1st aid person on staff, and a hospital 20 minutes from the property. All campers must have a valid health card number. Due to allergies, we ask that no peanut or nut products be brought to camp.

Extraordinary Expenses

Your child may be tempted to purchase some of the snacks we sell in our canteen. We stock Gatorade, potato chips, soft drinks, chocolate bars, juice and water. We accept cash, Debit, Visa and MasterCard. If you would like your child to be able to charge to an account please provide a credit card number so that we can settle their account at the end of the week.

I authorize Frontline Action to charge my credit card for any snacks charged by my child: _____ during the period _____, 20__ to _____, 20__. Please charge the following credit card with any purchases.

Credit card #: _____ exp date: _____ cvv2: _____ Dated
this: _____ day of _____, 20__.

Card Holders name: _____ Signature: _____