

2019 FRONTLINE ACTION SUMMER 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 2 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

- Daycamp (DC)-Monday to Friday. Camp runs 9am-5pm, Monday thru Friday. Campers may be dropped off as early as 8:30am and picked up no later than 5:30pm. There is an extra charge for early drop off and/or late pickup. This week long adventure includes outdoor survival, hiking, and Low Impact Paintball/Splatmaster/LaserTag/Battle Archery focused training and games. There is a high emphasis on outdoor experiences and physical pursuits. This will be a week you won't forget. Space is limited to 25 children only.
- Daily Camps (DC) – Players can attend camp for just one day or selected days.
- ½ Day Camps (HD)- Expanding on successes from last couple of years. The focus on paintball will be in the afternoon sessions. Individuals looking to focus on Paintball only may attend afternoon sessions only.
- Pick and choose (PAC) – Attendees may combine sessions to meet their needs. It should be noted that learning and training for a sport such as paintball is a continuous process that is more effective if done in a sequential manner.

The Outdoor Camp is geared towards ages 8 (a mature 7 year old may sometimes be acceptable) and up and combines Paintball, Lasertag and Splatmaster as primary activities with survival and hiking experiences.

Campers may attend both camps on different weeks if you choose. Please indicate after the date which location you are registering for by circling.

Our Bring along list is available on the Download section of our web page.

July 8-July 12 (OUTDOOR ACTION CENTER - 54 DUFFETT'S ROAD)

Full Week \$170

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

July 15-July 19 (OUTDOOR ACTION PARK – 54 DUFFETT'S ROAD)

Full Week/ Full Days \$190

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

July 22-July 26 (OUTDOOR ACTION PARK – 54 DUFFETT'S ROAD)

Full Week \$190

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

July 29-Aug 2 (OUTDOOR ACTION PARK – 54 DUFFETT'S ROAD)

Full Week \$190

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

Aug 5-9 (NO CAMP THIS WEEK)

Aug 12-Aug 16 (OUTDOOR ACTION PARK – 54 DUFFETT'S ROAD)

Full Week \$190

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

Aug 19-Aug 23 (OUTDOOR ACTION PARK – 54 DUFFETT'S ROAD)

Full Week \$190

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

Aug 26-Aug 30 (OUTDOOR ACTION PARK – 54 DUFFETT'S ROAD)

Full Week \$190

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

TOTAL NUMBER OF WEEKS

1 Week Option - \$190 _____

2 week Option - \$360 _____

3 week Option - \$510 _____

4 Week option - \$620 _____

7 Week option - \$1000 _____

Full Days (\$50/Day) \$50 X _____ (# of Days) = _____

½ Days (\$30/ ½ day) \$30 X _____ (# of ½ Days) = _____

Early Drop off (8am-8:30am) (\$50/week or \$15/Day) \$ _____ X _____ = _____

Late Pick Up (5:30pm-6pm) \$50/week or \$15/Day) \$ _____ X _____ = _____

Optional Pizza & Drink (\$6/day) \$6 X _____ = _____

Fee Subtotal..... _____

HST (15%)..... _____

Prepaid Amount..... _____

Total Enclosed..... _____

Fees do not include transportation to and from our facilities and snack shop purchases.

Confirmation & Directions:

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 must mail your completed registration and payment to Frontline Action, 18 Perlin Street, St. John's, NL A1E4C1 or drop off to Frontline Action, 10 Pearl Place, St. John's.

1. Full payment by Debit, Cash, Visa, Cheque or MasterCard
2. If paying by cheque, full payment, or a deposit of \$190.00 for each one week session and balance of fees by enclosed post dated cheque, dated no later than two days prior to camp start.

Name of Cardholder: _____ Credit Card#: _____

Exp Date ____/____/____ cvv2: ____ Signature: _____

PLEASE DO NOT EMAIL OR FAX THIS FORM IN WITH CREDIT CARD INFO ON IT. MAIL OR DROP OFF OR CALL IN THE CREDIT CARD INFO SEPERATELY.

Our Contact Info:

Ph: (709) 747-4653 Fax: (709)364-9627

Email: tdavis@frontlineaction.com Website: www.frontlineaction.com

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: ____
Month/ Day/ 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! Please let Tom know immediately if you have any concerns.

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 labeled 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 _____ 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: _____

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