

2024 FRONTLINE ACTION SUMMER CAMP APPLICATION

****Please complete both sides of application****

1. No campers will be permitted to attend if they display any flu like symptoms. If they develop symptom during camp they will be isolated and legal guardians will be required to pick them up.
2. Hours 8:30AM-4:30PM
3. Limit of Number of campers to a maximum of 30 campers. Campers must be registered in advance

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.

WEATHER: The Outdoor Camp will be held at our outdoor field on Duffett's Road unless the weather is not suitable. If unsuitable the camp will relocate to the Indoor Action Center located at 10 Pearl Place. We will check the weather utilizing The Weather Network at 7am. If the camp is moving indoors we will send an email out at 7:30PM. If we change locations please drop off and pick up your child from the same location. Our camp counselors will not be transporting your children.

- 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 8:30am-4:30pm, Monday thru Friday. Campers may be dropped off as early as 8:30am and picked up no later than 5:00pm. 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/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 30 children only.
- Daily Camps (DC) – Players can attend camp for just one day or selected days. Based on capacity limitations.
- ½ Day Camps (HD)- Expanding on successes from the 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. Based on capacity limitations.

The Outdoor Camp is geared towards ages 8 (a mature 7 year old may sometimes be acceptable) up to 13 years old and combines Low Impact Paintball, Lasertag and Battle Archery as primary activities with survival and hiking experiences.

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

Week	Information
<input type="checkbox"/> June 24-June 28, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> July 2-5, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> July 8-12 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> July 15-19, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> July 22-26, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> July 29-Aug 2, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> August 5-9, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> August 12-16, 2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)
<input type="checkbox"/> August 19-23,2024	8:30am- 4:30pm M-F 54 Duffett's Road or 10 Pearl Place (rain days)

TOTAL NUMBER OF WEEKS

1 Week Option - \$225

2 week Option - \$410

3 week Option - \$620

Additional weeks \$200 each x # of extra weeks

1 day option \$60 each x # of extra days

1/2 day option \$40 each x # of extra days

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

Late Pick Up (5:00pm-5:30pm) \$50/week or \$15/Day) \$ X =

Pizza and Drink Option (\$7.25 per day) \$7.25 X =

Fee Subtotal

HST (15%)

Prepaid Amount

Total Enclosed

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:

Please email or mail your completed registration and payment to shop@frontlineaction.com or 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 (you can call or drop in)
2. EMT to shop@frontlineaction.com no password required.
3. If paying by cheque, full payment, or a deposit of \$210.00 for each one week session and balance of fees by enclosed post dated cheque, dated no later than two days prior to camp start.

Our Contact Info:

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

Email: shop@[frontlineaction.com](mailto:shop@frontlineaction.com) Website: frontlineaction.com**Camper Information**Camper's Name: First Surname Address: Town: Prov: Postal Code: Home Phone: Cell: **1 (Correspondence will be sent to this address)**Gender: M F camper's Date of Birth: / / Age at Camp:
Month/ Day/ YearEmail where correspondence can be sent: Where did you hear about our camps? Attend camps before? Yes ☐ No ☐Child lives with: (cheque one) ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Foster Parents**Parent's/Guardian Name and Business Phone Number:**Parent/Guardian (Full Name): Daytime Phone: Parent/Guardian (Full Name): Daytime 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. Cell phone: 709-746-3902.**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 the 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 this is the case an assistant must accompany the child)****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 / Legal 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, ice cream chocolate bars, juice and water. We accept Cash, Debit, Visa and MasterCard. All money owing must be paid at the end of the day.