

## 2024 FRONTLINE ACTION EASTER 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 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. This week long adventure includes Lasertag, Bazooka Ball, Inflatables, Archery Battle and Gellyball. 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 availability.

½ Day Camps (HD)- Expanding on successes from last couple of years. (based on availability)

Pick and choose (PAC) – Attendees may combine sessions to meet their needs.

### April 1-5, 2024

### Attending

- Monday, April 1
- Tuesday, April 2
- Wednesday, April 3
- Thursday, April 4
- Friday, April 5

Full Week \$225 +hst

Full Days (\$60/Day)

½ Days (\$40/ ½ day)

Early Pickup and Drop off (\$50/week or \$15/day)

Optional Pizza (\$7.25/day)

Fee Subtotal.....

\$60 X  (# of Days) =

\$40 X  (# of ½ Days) =

\$  X  =

\$7.25 X  =


Calculate HST (15%)

Total Due


Fees do not include transportation 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.

**Our Contact Info:**

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

Email: [newman@frontlineaction.com](mailto:newman@frontlineaction.com) Website: <https://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/ Year

Email 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:

2<sup>nd</sup> 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 printed 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.

Date

Signature of parent / Legal Guardian

**Health and Safety**

Health and safety are emphasized at all times at Frontline Action. We have a qualified 1<sup>st</sup> 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.