

Native Child and Family Services of Toronto

Summer Camp Application-DAY CAMPS



Camper Name

First

Middle Initial

Last

Day Camps		Locations		Leaders In Training	Locations	
Dates	Downtown (7-11 yrs.)	Scarborough (6-8 yrs.)	Scarborough (9-11 yrs.)	Dates:	Downtown (12-15 yrs.)	Scarborough (12-15 yrs.)
Session 1 \$10.00 July 10-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 1 Tues-Thurs \$10.00 July 11-13; July 18-20	<input type="checkbox"/>	<input type="checkbox"/>
Session 2 \$10.00 July 24-Aug 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 2 Mon-Fri \$10.00 July 24-28; July 31- Aug 4	<input type="checkbox"/>	<input type="checkbox"/>
Session 3 \$10.00 Aug 8-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 3 Tues-Thurs \$10.00 Aug 8-10; Aug 15-17	<input type="checkbox"/>	<input type="checkbox"/>

Rowing & Sailing	Location	FEES (office use only)
Date	Scarborough ONLY (8-15 yrs.)	Fees Owed: _____
Session 4 – Rowing & Sailing \$10.00 Mon.-Fri. Aug 21-25	<input type="checkbox"/>	Fees Paid: _____
		Receipt issued: <input type="checkbox"/>

Camp Fees and Refund Policy:

Native Child and Family Services of Toronto strives to offer continued affordable Day Camp to our Community. There is a minor fee of \$10.00 per session (\$40.00 for 7 weeks of camp). Fees are due at time of application. All balances must be paid in full prior to Camper's arrival at camp.

If a camper is unable to attend due to illness/medical needs, a full refund will be awarded. Refund requests are to be sent to camp@nativechild.org

Camp Locations:

[Downtown 7-11 years & Leaders in Training:](#)

Rose Avenue Junior Public School 675 Ontario St, Toronto, ON M4X 1N4 (Sherbourne Subway Station) *PERMIT PENDING*

[Scarborough 6-8 & 9-11 years:](#)

Eastview Public School 20 Waldock St, Scarborough, ON M1E 2E5

[Scarborough Leaders in Training:](#)

Scarborough Child and Family Life Centre 156 Galloway Road, Scarborough, ON M1E 1X2

Camper Information

Birth Date:	D	M	Y	Age at start of camp:	Years	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Aboriginal Status:						
<input type="checkbox"/> Status	<input type="checkbox"/> Non-Status	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Native Heritage Unknown	<input type="checkbox"/> Aboriginal Status Undefined	



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Mailing Address:

APT#

CITY

POSTAL CODE

Do you have a worker (s) at Native Child and Family Services of Toronto? Yes No

Name of Current Worker

Work Phone #

416-969-8510 Ext.

Name of Current Worker

Work Phone #

416-969-8510 Ext.

Medical Information

Medical/Behavioural/Learning Information

Yes No

Does Medication Need to Be Administered at Camp?

Yes No

If yes, please identify below.

If yes, please obtain a **Medication Administration Form**.
Complete and submit at time of registration.

Asthma

Behavioural

Carries EPI Pen

Carries Inhaler

Diabetic

Epilepsy

Injury

Integration

Drug Allergy

Food Allergy

Insect Allergy

Additional Medical Information (e.g. diagnosis, supports in place, areas of focus):

Health Card #

				-				-				-		
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Family Doctor's Name

Family Doctor's Phone #

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Swim Level:

Not to Swim

Non Swimmer No swim ability

Small pool Only Beginner Level

Shallow End Swimmer Swim in 4ft.

Deep End Swimmer Swim in 9ft.

Parent/Guardian Information:

1st Parent/Guardian's Name-First/Last

Home Phone #

Work Phone #

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Ext.

2nd Parent/Guardian's Name-First/Last

Home Phone #

Work Phone #

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Ext.



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Emergency Contact Information:

First/Last, (Other Than Parent)

Phone #'s

Relationship to Camper

() -

Emergency Contact:

First/Last, (Other Than Parent)

Phone #'s

Relationship to Camper

() -

Authorization: Please indicate yes or no, sign and date.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Authorize Staff</p> <p>Upon registration of my child at Native Child and Family Services of Toronto summer day camps, I permit the camper to participate in a full range of camp activities including off-site activities, and I authorize Camp Coordinator and their appointee in the event of an accident or illness affecting the above named campers, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the camper. Such action shall be taken only when immediate contact with the undersigned cannot be made.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Apply Sunscreen</p> <p>I authorize the Native Child and Family Services of Toronto day camp staff to apply sunscreen as necessary to the camper. I understand that I should supply sunscreen and label with the camper's full name.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Code of Conduct</p> <p>I have read & agree to the Code of Conduct, attached and have reviewed this information with the camper.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Permission to Photograph or Videotape Participants in Camp Programs</p> <p>Request for permission to use, copy or display camper's name, photograph or video recorded image to promote Native Child and Family Services of Toronto and Camp Partner's events & advertisement on website, news releases, brochures, pamphlets or other.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>12 Year Old Camper Unaccompanied Travel</p> <p><i>Note, Camper must be over the age of 12 during camp to leave camp unaccompanied.</i></p> <p>I give permission for the camper _____ to leave camp at the end of the day unaccompanied.</p> <p>I understand that Native Child and Family Services of Toronto is not responsible for the camper before camp and after they leave camp.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Field Day Trip Permission Form</p> <p>I, _____, the parent/guardian of _____,</p> <p>Give permission for the camper to attend the summer camp field trips.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Sweat Lodge Ceremonies</p> <p>I permit for myself, and/or the camper to participate in sweat lodge ceremonies.</p>

Parent/Guardian Signature:

Print Name:

Signature:

Date:

D M YYYY



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Persons Authorized to pick up Camper:

Name

First/Last, (Other Than Parent)

Phone #'s

() -

Relationship to Camper

Name

First/Last, (Other Than Parent)

Phone #'s

() -

Relationship to Camper

Name

First/Last, (Other Than Parent)

Phone #'s

() -

Relationship to Camper

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First/Last, (Other Than Parent)

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Relationship to Camper



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Native Child and Family Services of Toronto Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old and not less than 12 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Camper Name

Date of Birth

Signature of Parent or Guardian (for camper **under** 18 yrs.)

Date

Print Camper Name

Date of Birth

Signature of Camper (for camper **over** 18 yrs.)

Date



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Behaviour Questionnaire (Must be completed for all campers.)

Please be advised that in an effort to best meet the needs of each camper we may seek further information about the Camper before we finalize the application.

1. Has the camper been diagnosed? Yes No
If yes, what is the diagnosis?

2. Does the camper have any concerning behavior? Yes No
If yes, please be as specific as possible. What interventions and/or strategies do you currently use with the camper?

3. Does the camper have things he/she is triggered by? Yes No
If so, please be as specific as possible i.e. smells, sounds, colours, times of day etc.

If yes, what are your strategies and/or interventions to help him/her?

4. Does the child require any special routines or interventions around mealtime, sports activities, bedtime, and personal hygiene? Yes No
If yes, please briefly identify the routines and interventions.

5. Does the camper have any specific fears? Yes No
If yes, please identify and also what strategies and / or interventions that you use in your home to help the camper.

6. Does the camper require one to one assistance with any routines and/or activities? Yes No
Do you have somebody to be his/her person support person during camp?



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7. Does the camper have any history of:

Running away?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Destruction/Theft of property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Initiating physical fights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Depression?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-harming/Self-destructive behaviours?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Using profane language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal ideation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire setting behaviour?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inappropriate sexual behaviour?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Challenging rules/direction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed Wetting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sleep Walking?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there anything else we should know about the camper?

8. Does the camper require assistance at school? (i.e. Individual Education Plan (IEP), Support Staff)

Parent/Guardian Signature:

Print Name:

Signature:

Date:

D M YYYY

Office Use Only

Application submitted by: Internal Referral External Referral Child and Family Wellbeing Worker Community

Received by: _____ D M Y
Name Date

Entry into Case Works by: _____ D M Y
Name Date

Scanned by: _____ D M Y
Name Date



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PARTNERSHIP: OUTER HARBOUR SAILING FEDERATION

MUST BE COMPLETED BY:
LIT (LEADERS IN TRAINING) CAMPERS &
SESSION 4: ROWING & SAILING CAMPERS



Outer Harbour Sailing Federation
Water Sports Camp

Age: Birth date: Female Male Not Specified CAN SAIL Number:
Health Card #: Height: Weight: 25 Meter Swimming ability

3. Please describe any medical conditions, allergies or anything else we should know, use additional page if required:

IMAGES: Throughout the program parents and Outer Harbour Sailing Federation staff takes photos and video of the participants. These images may be displayed on the club website and promotional materials or in local newspapers. **Unless otherwise stated below I consent to the use of images as indicated above.** I Do Not wish to have the images used as indicated above.

RELEASE: In consideration of acceptance of this application for the above named applicant, I agree to save harmless and keep indemnified the Outer Harbour Sailing Federation, their clubs, their directors, employees, instructors, contractors, volunteers and members from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damages to the participants person or property, howsoever caused which arises out of or in connection with his/her taking part in this program. I further understand that this release is binding upon myself, my heirs, executors and assigns. I have read the above release and agree to abide by these conditions.

TERMS & AGREEMENTS

1. I agree and acknowledge that my child will participate in water sports entirely at her/his own risk and the she/he is medically fit to undertake such activities.
2. I the parent/guardian am assuming full responsibility for the applicant's health being such that the activities will in no way aggravate any condition that is present. It is assumed the parent/guardian will know the child's condition and seek medical advice before completing this form. The parent/guardian will notify the Program Director if for any reason this permission is changed or withdrawn.

Signature of Parent/Guardian: Date:

