

Native Child and Family Services of Toronto

Summer Camp Application-GRUNDY CAMPS



Camper Name (Application forms must be completed for each camper)

First

Middle Initial

Last

Camper

Camper-Adult (18+ years)

| Dates | Camp | Group/Ages | | |
|---------------|----------------|--|--------------------------|--|
| July 10-14 | Boys & Girls | 7-9 years | <input type="checkbox"/> | |
| July 17-21 | Family Camp #1 | Women with children | <input type="checkbox"/> | For EYC & Family Camps, please note Parent/Guardian names and # of campers in family: |
| July 24-28 | Early Years | Families with children 0-6 | <input type="checkbox"/> | |
| July 31-Aug 4 | Family Camp #2 | Families with children | <input type="checkbox"/> | |
| Aug 8-11 | Our Circle | Children with identified developmental needs | <input type="checkbox"/> | |
| Aug 14-18 | Tween | 10-12 years | <input type="checkbox"/> | |
| Aug 21-25 | Teen | 13-15 years | <input type="checkbox"/> | |
| Aug 28-Sept 1 | Youth | 16-24 years | <input type="checkbox"/> | |

Camper Information

Birth Date: D M Y Age at start of camp: Years Gender: Male Female Other

Aboriginal Status:

Status Non-Status Métis Inuit Native Heritage Unknown Aboriginal Status Undefined

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.

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Medical Information

Special 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.

- | | | | | |
|---|---|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavioural | <input type="checkbox"/> Carries EPI Pen | <input type="checkbox"/> Carries Inhaler | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Injury | <input type="checkbox"/> Integration | | |
| <input type="checkbox"/> Drug Allergy _____ | <input type="checkbox"/> Food Allergy _____ | <input type="checkbox"/> Insect Allergy _____ | | |

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

Health Card

| | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|--|--|---|--|--|
| | | | | - | | | | - | | | - | | |
|--|--|--|--|---|--|--|--|---|--|--|---|--|--|

Family Doctor's Name

Family Doctor's Phone

() -

Swim Level:

- | | | | | |
|--------------------------------------|--|---|---|--|
| <input type="checkbox"/> Not to Swim | <input type="checkbox"/> Non Swimmer No swim ability | <input type="checkbox"/> Small pool Only Beginner Level | <input type="checkbox"/> Shallow End Swimmer Swim in 4ft. | <input type="checkbox"/> Deep End Swimmer Swim in 9ft. |
|--------------------------------------|--|---|---|--|

Parent/Guardian Information:

| | | |
|---|-----------------------------|-------------------------------------|
| 1 st Parent/Guardian's Name-First/Last | Home Phone # () - | Work Phone # () - Ext. |
| 2 nd Parent/Guardian's Name-First/Last | Home Phone # () - | Work Phone # () - Ext. |

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 |



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****Notice To Applicants: Please be advised that in an effort to best meet the needs of each camper we may seek further information about the camper/s before we finalize your application.*

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

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorize Staff 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Apply Sunscreen 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Code of Conduct I have read & agree to the Code of Conduct, attached and have reviewed this information with the camper. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Permission to Photograph or Videotape Participants in Camp Programs 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sweat Lodge Ceremonies I permit for myself, and/or the camper to participate in sweat lodge ceremonies. |

Parent/Guardian Signature:

Print Name:

Signature:

Date:

D M YYYY



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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.)

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

