



*Have a question?
Your call is always welcome!
519-307-9355*

Character Leadership Camp

Summer 2010 Registration • Ages 10 - 13

Participant Information

| | | |
|---------------------------------------|--|--------------------|
| Last Name: _____ | First Name: _____ | |
| Date of Birth (Day/Month/Year): _____ | Age: 10 11 12 13 Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Address: _____ | | |
| City: _____ | Province: _____ | Postal Code: _____ |
| Home Phone #: _____ | Health Card #: _____ | |

Personal Statement (Participant)

Please explain why you are interested in a summer camp that focuses on developing character leadership skills:

Parent/Guardian Information (Main Contact)

| | | |
|------------------------------------|---------------------|--------------------|
| Last Name: _____ | First Name: _____ | |
| Relationship to Participant: _____ | | |
| Primary Address: _____ | | |
| City: _____ | Province: _____ | Postal Code: _____ |
| Email Address: _____ | Home Phone #: _____ | |
| Work Phone #: _____ | Cell Phone #: _____ | |

Pick Up Information/Emergency Contacts

I hereby authorize the following people & the parent/guardian mentioned above, to pick up my child at the Character Camp. Changes to these arrangements must be given via advanced written notice.

1. _____ Home Phone: _____ Cell Phone: _____
Relationship: _____

2. _____ Home Phone: _____ Cell Phone: _____
Relationship: _____

Yes, my child has permission to sign himself/herself out of camp.

Parent/Guardian's signature _____



Need more information?
 Try our website: www.regeneratingwellness.com
 or contact us: alain@regeneratingwellness.com

Medical Information of Participant

Family Doctor: _____ Doctor's Phone #: _____

Does your child have any allergies? No Yes If yes, state details including severity of reaction:

If your child carries medication, please identify what it is and where it is kept: _____

Will you require and authorize program staff to administer medication (including Epi-Pens)? No Yes

Does your child have any medical conditions or limitations (physical and/or emotional)? No Yes

If yes, please describe:

Camp Registration Information

Please select which week(s) your child will be attending the Summer Character Camp:

English Camp dates:

July 5 - 9

July 19 - 23

Aug. 2 - 6 (camp runs on Monday, Aug. 2)

French Camp dates:

July 26 - 30

Aug. 23 - 27

Do you require extended hours?

8:00 - 9:00 am (**add \$25/week/participant**)

4:00 - 5:00 pm (**add \$25/week/participant**)

Before & after (**add \$40/week/participant**)

Name of friend(s) you would like to be grouped with (limit 3): (Please submit forms together.)

Fee Schedule

| # of weeks | 1 participant | 2 participants (same family) | 3 participants (same family) |
|-------------------------|---------------|------------------------------|------------------------------|
| 1 week/ participant | \$168 / week | \$158 / week | \$148 / week |
| 2 weeks/ participant | \$158 / week | \$148 / week | \$138 / week |
| 3 weeks/ participant | \$148 / week | \$138 / week | \$128 / week |

Payment Schedule: A \$50 non-refundable deposit per child, per week, must accompany registration form. Fees may be paid in cash or by cheque made payable to the order of: Alain Zumbach. **Balance is due June 15th, 2010.** Registration forms may be mailed to, or dropped off at Regenerating Wellness, 1 Tamarack Lane, Orangeville, Ontario, L9V 1A6.

NSF cheques: All NSF cheques are subject to a \$25 administration fee.

Cancellation Policy: All July Camps are non-refundable after June 1. All August Camps are non-refundable after July 1.

Other

How did you hear about the Character Camp? (Check all that apply)

Child's school Newspaper ad Friend Magazine publicity Intro-talk Website

Brochure Other (please specify): _____



Regenerating
Wellness!

Character Leadership Waiver

Summer Day Camp 2010

Parent/Guardian's Authorization

Last Name: _____ First Name: _____

Date of Birth (Day/Month/Year): _____ Health Card #: _____

Family Doctor: _____ Doctor's Phone #: _____

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in Regenerating Wellness activities. I understand that accidents sometimes happen. Therefore, in exchange for allowing my child to participate in Regenerating Wellness activities, I understand and expressly acknowledge that I release the Regenerating Wellness staff, boards, volunteers, guests or participants from all liability for any injury, loss or damage connected in any way whatsoever to participation in Regenerating Wellness activities whether on or off the Regenerating Wellness premises. I understand that this release includes any claims based on negligence, action or inaction of the Regenerating Wellness staff, boards, volunteers, guests or participants. **INITIAL** _____

Medical Treatments: In the event that my child requires medical attention, I give permission for Regenerating Wellness staff or volunteers to provide emergency medical treatment for my child. I consent to my child being transported to the nearest emergency centre and receiving medical treatment, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service. **INITIAL** _____

I acknowledge that it is my responsibility to advise the Character Leadership Staff of any medical or other conditions which may affect my child's participation in the Program. **INITIAL** _____

Insurance: I understand that Regenerating Wellness does not provide any accident or health insurance for its participants and further understand it is my responsibility to provide such coverage. **INITIAL** _____

Participant Conduct: I agree for my child to abide by the Regenerating Wellness code of conduct and all policies and procedures. I understand that failure to do so may result in the dismissal of my child from a program or activity. **INITIAL** _____

Property Loss: Regenerating Wellness is not responsible for the personal property lost, damaged or stolen while attending Regenerating Wellness activities or programs in any location they take place, or while using Regenerating Wellness facilities. **INITIAL** _____

Photograph Permission: I give permission for Regenerating Wellness to use without limitation or obligation any photographs, film footage or tape recordings which may include my child's image, voice, or artwork for promotional materials. **INITIAL** _____

I have read this Waiver Form and understand and accept its terms.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature : _____ Date: _____



Character Leadership Camp

2010 Information

What to bring

Don't forget the following items when you come to camp:

- A big lunch including with lots of snacks (We'll have two breaks)
- Plenty of water
- Sunscreen
- A hat
- Running shoes
- **An extra snack** if you're attending extended hours

Camp houses

When you get to camp, you will be assigned to a *house*. A house is another way of saying a group. (Just think of the different schools in the Harry Potter films. They could be considered as houses.) There will be three to four houses at each camp.

The dynamics of each house will depend on the ideas, creativity, involvement and enthusiasm of its members! House-time will be integrated into the activities each day, to foster house spirit. Each house will have an adult mentor assigned to it, to help steer, motivate and inspire.

Sometimes houses will be dissolved, forming one big group, and other times houses may be divided to create smaller groups to facilitate activities.

Feel free to bring any fabric remnants, empty containers, or other recyclables you have at home, that you think could be transformed into house flags, hats, arm bands, etc. The more house spirit, the better!

Weekly themes

| | July 5 - 9 English | July 19 - 23 English | July 26 - 30 French | Aug. 2 - 6 English | Aug. 23 - 27 French |
|-----------|-----------------------|-------------------------|--------------------------|-----------------------|------------------------|
| Monday | Wear Blue Day | Wear Green Day | Wear Orange & Yellow Day | Wear Red Day | Wear Black & White Day |
| Tuesday | Crazy Hat Day | Winter Wonderland | Wear Sunglasses Day | Pyjama Day | International Day |
| Wednesday | Wear Stripes Day | Crazy Hair Day | Costume Day | Sports Jersey Day | Wear Polka Dots Day |
| Thursday | Backwards Day | Dress as Twins Day | Hat & Tie Day | Tasteless & Tacky Day | Beach Day |
| Friday | Circus Day | Greek Day | Nautical Day | Hawaiian Day | Western Day |