



ARARAT SUMMER YOUTH CAMP
 Camper/CIT Application and Health Form – Aug. 23 – 28, 2010
 Wesley Acres, Bloomfield, ON (Belleville/Picton)

Camp Ararat2010/Re/Med. Form (Jan/2010)
 Office Use: Date App. Rec'd: _____
 \$50 Deposit Dated: _____
 Balance Cheque date & Amount: _____
 Family Discount (# of children) _____
 Receipt and Rules and Regs. Sent: _____

Child's Name: _____ Boy: ___ Girl: ___ Age as at Aug. 23/2010: ___ Date of Birth: (Mo.) ___ (Day) ___ (Yr) ___
Surname Initial First Name

Camper/CIT Shirt Size: (Circle One) Y=Youth/A=Adult	YS	YM	YL	AS	AM	AL	AXL
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Is this the camper's first overnight Camp Experience	Yes/No
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Has the camper attended Camp Ararat before	List # of Years Attending
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Address: _____ Apt#: _____ City: _____ Province: _____ Postal Code: _____

Father/Guardian Name: _____ Res. Tel. # _____ Bus. Tel.# _____ Cell # _____

Mother/Guardian Name: _____ Res. Tel. # _____ Bus. Tel.# _____ Cell.# _____

E-mail Address: Mother: _____ Father: _____

Which parent can we reach during the time your child is at camp (Aug. 23-28)? Mother ___ Father ___ Telephone: _____

Emergency Contact Person & Telephone Number (Other than Parent/Guardian)

Name: _____ Relationship: _____ Tel. #s: _____

Confidential Medical Information

Health Card #: _____ Family Physician: _____ Physician Tel. #: _____

Date of last complete medical examination _____ Date of last tetanus immunization _____

Is your son/daughter allergic to any drugs, foods, or medication? Yes / No

If yes, please provide details _____

Does your child take any prescription drugs? Yes / No

If yes, please provide details _____

**Please be advised that all medication, prescription or non-prescription, must be provided to the Registration Desk on registration morning. Medication will be administered to the child as directed, in writing.*

Does your child wear/carry a medical bracelet? _____ neck chain? _____ alert card? _____

Does your child wear eyeglasses? Yes / No Contact lenses? Yes / No

Please indicate below if your child has been subject to any of the following and provide pertinent details below:

	Yes	No
Epilepsy		
Diabetes		
Orthopedic Problems		
Deaf		

	Yes	No
Hard of Hearing		
Asthma		
Allergies		
Arthritis Rheumatism		

	Yes	No
Chronic nosebleeds		
Dizziness		
Fainting		
Headaches		

	Yes	No
Hernia		
Swollen/hyper mobile joints		
Trick or lock knee		
Hepatitis B or C		

Details of any "Yes" response above: _____

Any other medical information that will limit your child's participation in camp activities: _____

I/We have sought competent advice with respect to my/our child's health and well being prior to completing this form. I/We agree to release the Canadian Diocese of the Armenian Church, Camp Ararat and its medical staff, counsellors and supervisors of any liability. In the case of an emergency, medical/ hospital services may be required for the camper/participant. I understand that every reasonable effort will be made by the camp/hospital services to contact me. This is your authorization to have medical personnel and/or hospital staff administer medical or surgical services, including anaesthesia and drugs to _____
 I understand that any costs relating to such medical services being required will be my responsibility. (Print full name of camper)

Dated: _____ SIGNATURE of Parent/Guardian → _____
Print Full Name of Signatory here →

PAYMENT PROVISIONS

Total Fee Per Camper/CIT: **\$415.00** (Family Discount: each additional child per family **\$395.00**) (eg. First Child \$415.00, each additional child from *same family* - \$395.00)
SPACES ARE LIMITED – APPLICATIONS ACCEPTED ON A FIRST COME FIRST SERVED BASIS
 For CIT Applicants - see payment details outlined on page 2 of this form.

YOUR PAYMENT, AS DETAILED BELOW, MUST BE MAILED TOGETHER WITH THIS APPLICATION

- (a) A non-refundable deposit cheque (\$50 per child) **dated for TODAY ; PLUS**
- (b) A post-dated cheque for the balance of \$365.00 per camper **dated no later than APRIL 30, 2010** (Note: additional same family child balance = \$345.00)

(AFTER APRIL 30, 2010 – THERE WILL BE NO REGISTRATION REFUNDS PROVIDED TO CAMPERS/CITs WHO WITHDRAW FROM THE PROGRAM)
 Upon our Receipt of your Payment and Application(s), A Receipt and Additional Camp Information will be mailed to you.

(Cheques made payable to "HTAC – Diocese Camp Fund")

Application Mailing Address: CAMP ARARAT, c/o 920 Progress Av. Scarborough, Ontario, M1G 3T5



THIS SECTION TO BE FILLED OUT BY COUNSELLOR IN TRAINING APPLICANTS ONLY

All Counsellor in Training (CIT) applicants must fill in this portion of the application. In order to qualify as a CIT, an applicant must:

- (a) be between the ages of 16 and 17 by April 30, 2010
(Note: subject to camp/leadership experience)
- (b) complete this application form and return it, postmarked no later than April 30, 2010;
- (c) participate in a short screening interview (either via telephone or in person) and will receive additional information and forms to be filled out once they are accepted.
- (d) **Provide the registration fee of \$415.00 dated April 30, 2010 with this application form.**
NOTE: Upon confirmation, by the CIT Coordinator, of acceptance into the CIT Program, the cheque will be processed. If the applicant is not accepted into the program, the cheque will be returned to the applicant in full.

CIT APPLICANT QUESTIONNAIRE

(if additional space required for your response, please use separate sheet of paper)

1. Describe your involvement in your community (sports, school, church, camp, other)

2. Describe your previous experiences at camp.

3. What do you hope to learn from the CIT program?

Please check the appropriate program for which you have successfully earned certification.

- Babysitting Certificate
- Current Standard First-Aid/CPR
- Leadership Development/Preparation Experience (eg. Ontario High Five Program)
- Outdoor or Water Certification/Training
- Other Certification: (please list) _____
- Volunteer work: (please list) _____

E-mail Address of CIT Applicant: _____

Date: _____

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____