



MANITOU ROOKIE DAY

Phone: (416) 322-5888
Fax: (416) 322-3635
camp@manitoucamp.com
www.manitoucamp.com

Pick-up and Drop-off at North York Centennial Arena – 580 Finch Avenue West
Bus leaves at 7:30 AM and returns at 9:30 PM

2 ROOKIE DAYS TO CHOOSE FROM: Saturday, July 14th Sunday, August 5th (PLEASE CHECK ONE)

CAMPER INFORMATION

Name: _____

Camp Last Attended/Attending: _____

Date of Birth (MM/DD/YY): _____ Gender: Male Female

Swim School & Level: _____

Last Grade Completed: _____ Age at Camp: _____

Swim in Deep Water Without Assistance? Yes No

School Attending: _____

Health Card Number: _____

PARENT INFORMATION

Parent(s) Name: _____

Best person to contact on Rookie Day: _____

Street: _____

Best Number on Rookie Day: _(_____) _____

City: _____ Prov/State: _____ Postal Code: _____

Type of Phone Number: Home Work Cell Cottage Other

Home Phone: _(_____) _____

E-mail Address: _____

PAYMENT

Cost of "Rookie Day" is **\$50.00** per child (including all taxes)

I wish to pay by: Cheque Enclosed VISA MasterCard Card number: _____ Exp Date: ____/____

Name on Card: _____ Signature: _____

Note: In the event of bad weather, we may be forced to cancel this program.

ADDITIONAL INFORMATION

Please provide any comments regarding your child that would be beneficial to ensure the most positive day possible: _____

Does your child have any FOOD, MEDICINE OR OTHER ALLERGIES? Please list: _____

Does your child carry an epipen? _____ Has your child had an anaphylactic reaction and if so advise when and severity: _____

Any medication or medical treatment to be given during the day while under our supervision? _____

Does your child have any physical limitations/activity restrictions: _____

Is there any important info other than medical we need to know: i.e non-swimmer. Extremely fair skin/sun sensitive, or anything else you can think of? _____

To the best of my/our knowledge my/our child is in good health and I/we have fully disclosed all medical, psychological concerns. In case of emergency, should I/we not be immediately available for consultation, I/we hereby give permission to the physician/and or camp staff to hospitalize, secure proper treatment for, and/or to order and secure necessary related transportation, injections, anesthetics or surgery for my/our child. I/we hereby waive, release, hold harmless and forever discharge the Camp and and their respective officers, employees and agents from all liability arising from my/our child's participation in the camp program, except such as results solely from the camp's willful neglect or willful default. I/we confirm that my child is capable of participating safely in the full program and all activities unless I/we advise you otherwise in writing and I/we acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me/us. I/we agree to be responsible for any extra medical expenses incurred by my/our child or by the Camp on behalf of my/our child. I/We are aware that my child will be doing waterfront activities after being accessed in the water by our swim staff– all staff on the boating and waterfront comply with the required certifications required by Ontario Law. **I/we are aware that all medications/prescriptions or OTC medicines, will be administered only if they are properly labeled by a pharmacist or physician in its original container with name of medication and dosage.** I/we by signing this application below have read, understand and agree to all of the terms and conditions herein and we/I as Parent(s) or guardian(s) have the legal authority to allow my/our child to attend this one day trip to Camp Manitou.

Signatures of Parent/Guardian: _____ Date: _____