



MANITOU ROOKIE DAY

SATURDAY, AUGUST 7TH 2010 – 7:30 AM to 9:30 PM

Pick-up and Drop-off at North York Centennial Arena – 580 Finch Avenue West

2478 Yonge St, Toronto, ON
CANADA, M4P 2H5
Phone: (416) 322-5888
Fax: (416) 322-3635
camp@manitoucamp.com
www.manitoucamp.com

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: The nature of this program requires a minimum number of campers. We will notify you before July 10th if we must cancel this program. In the event of bad weather, we also 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: _____

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: _____

PLEASE RETURN APPLICATION BY JUNE 30TH
FAX TO 416-322-3635 OR MAIL TO 2478 YONGE ST., TORONTO, ON, M4P 2H5