



Camp Quest Ontario

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2009 CAMPER INFORMATION

CAMPER'S INFORMATION *(one registration form per child)*

First name: _____ Last name: _____

Child's date of birth (mm/dd/year): ____ Child's height: _____ Child's weight (lbs): _____

Primary address of camper: _____

Home telephone: _____ Home e-mail: _____

Father's home telephone: _____ Father's business telephone: _____

Father's home address: _____

Mother's home telephone: _____ Mother's business telephone: _____

Mother's home address: _____

EMERGENCY CONTACTS *(other than parents):*

1. First name: _____ Last name: _____

Home telephone: _____ Home e-mail: _____

Address: _____

2. First name: _____ Last name: _____

Home telephone: _____ Home e-mail: _____

Address: _____

Camp forms must be completed and sent along with payment to:

Camp Quest Ontario c/o SOFREE
550 King Street North, PO Box 42036
Waterloo, Ontario N2L 6K5

Deadline for registrations: Friday July 3, 2009



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2009 MEDICAL FORM - one form per child

Child must have had a physical within 12 months before the start of camp and must have up-to-date immunization records.

First name: _____ Last name: _____

Blood Type: _____ Health Card #: _____

Any known allergies to foods, insects, medications, or other items? If yes, please explain:

Is allergy medication needed? If yes, please specify (e.g. asthma inhalers, antihistamines, Lactaid, Benadryl, etc.):

Any diet restrictions? Please state reason for restriction:

Any chronic illness or disease? Please explain:

Is medication needed for any chronic illness or disease? If yes, please specify:

Any sport or other activity restrictions? Please state reason for restriction:

List any operations the child may have had within the last 5 years:

SECTION BELOW TO BE SIGNED BY CHILD'S PHYSICIAN

I, _____, certify that I have examined the above child on: _____
(name of child's physician) (date)

(signature of child's physician)

Clinic tel. _____ Clinic address: _____



2009 HEALTH & SAFETY POLICY - one form per child

Child's First Name: _____ Child's Last Name: _____
 Father's First Name: _____ Father's Last Name: _____
 Mother's First Name: _____ Mother's Last Name: _____

The health and safety of children is our priority at Camp Quest Ontario. In addition to the criteria listed below, the CQO campers are always supervised and follow a "buddy" system with other CQO campers.

- In the event of accident, illness, or other unexpected circumstance that may befall my child, I hereby authorize the administration of any emergency or medical procedure deemed necessary by my physician or the attending physician, to ensure the health and safety of my child. Treatment may include anaesthetic if necessary. I also give consent to emergency medical transportation for my child if necessary, and agree to reimburse the Society of Ontario Freethinkers for medical costs over \$20.00 incurred as a result of my child's accident or illness.
- I authorize Camp Quest Ontario staff to administer medication for my child, provided that the following criteria are met:
 - medication is in its original pharmaceutical container;
 - child's name and the doctor's name are shown on the label (if prescription medication);
 - date, dosage, and storage instructions are shown on the label (if prescription medication);
 - written instructions by parent as illustrated below concerning the dispensing of medication
- I, _____, hereby authorize the administration of the medication below to my child as outlined above. This record below may also be used for Tylenol, or Advil, or any other over-the-counter medication if deemed necessary for the well-being of my child and I agree to provide such medication.

Dispensing Record of Medication

Date	Time(s)	Dosage	Administered by	Comments

- I release Camp Quest Ontario and the Society of Ontario Freethinkers from any liability for accidents or illnesses that may occur while my child attends the 2009 camp program this summer.

I have read and agree to the Health & Safety Policy as detailed above.

Parent signature: _____ Date: _____



WHAT TO BRING TO CAMP CHECKLIST

CLOTHING

- Short-sleeve and long-sleeve T-shirts
- Shorts
- Jeans and/or cotton pants
- 2 sweaters or sweatshirts
- 2 pairs of running shoes (*in case one gets wet*)
- Clean socks (*at least 5 pairs*)
- Sandals or Crocs
- Flip-flops (*for swimming pool only*)
- Clean underwear (*at least 7 pairs*)
- Nightwear
- Swimsuit
- Cap or hat
- Sunglasses with UV protection
- Sunscreen with UV protection
- Raincoat or rain poncho

PERSONAL HYGIENE ITEMS

with, or in, plastic containers for each item below:

- Toothbrush and toothpaste
- Soap or shower gel
- Washcloth or sponge
- Shampoo
- Hair styling products
- Anti-perspirant

MISCELLANEOUS ESSENTIALS

- Towels and washcloths
- Sleeping bag
- Pillow and pillowcase
- Clean bedsheets
- Camera (*with case preferably*)
- Flashlight with working batteries
- Notepad and pen
- Personal water bottle or canteen
- Small umbrella
- Money and wallet (*or purse*)

OPTIONAL ITEMS

- Tylenol and/or Advil (*with parental consent*)
- Light sports gear (*e.g. baseball/glove/bat; frisbee*)
- Swim shoes
- Binoculars
- Board games
- Playing cards
- Music CDs and/or video DVDs
- Paper, envelopes and stamps
- Small umbrella

* * IMPORTANT * *

Please ensure that child's items are labelled with child's name. Camp Quest Ontario cannot be responsible for any lost, stolen, misplaced, forgotten items, or items left behind.



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2009 FEE SCHEDULE

A. REGULAR CAMP

(6 overnights)

- One camper: \$ 570
- Two siblings: \$ 990 (13% discount)
- Three siblings: \$ 1200 (30% discount)

B. REGULAR CAMP - SOFREE MEMBERS

(6 overnights)

- One camper: \$ 525
- Two siblings: \$ 915 (13% discount)
- Three siblings: \$ 1025 (35% discount)

The REGULAR PROGRAM includes:

breakfast • lunch • dinner • snacks • workshops • day trips • games • sports • land and water activities. Snacks from home are allowed provided that they do not require refrigeration and are stored in re-sealable containers.

DAY CAMP (no overnights)

9:00 am – 5:00 pm

- Per camper - Option 1: \$ 425 (5 days)
- Per camper - Option 2: \$ 350 (4 days or less)

All volunteers must complete a Volunteer Application Package and submit a police record check at least 4 weeks before the starting date. Group camping or similar experience is preferred. Parents are welcome to apply as volunteer counsellors.

The DAY PROGRAM includes:

lunch • afternoon snack • workshops • sports • land and water activities. Snacks from home are allowed provided that they do not require refrigeration and are stored in sturdy re-sealable containers.

*** ALL FEES ARE IN CANADIAN DOLLARS ***

Preferred Payment Method: Cheque Online Credit Card
(VISA and MasterCard payments can be processed online at: www.sofree.ca)

Cheques/money orders should be made payable to: **Society of Ontario Freethinkers**

Forms and cheques should be mailed by June 30 to: **Camp Quest Ontario c/o SOFREE
550 King Street North, Box 42036
Waterloo, Ontario N2L 6K5**