

Camp Office:
 47 Ridge Hill Drive
 Toronto, Ontario, M6C 3A3
 (416) 787-4461
 campnewmoon.ca
 info@campnewmoon.ca



Directors:
 Jack Goodman, BPHE, MSc, PhD
 Sue Goodman, BAA (ECE)

SPECIALTY CAMP APPLICATION FORM

Summer 2012

Please complete this application by answering all questions completely

Camper's Surname.....	Date of Birth			Current Age	Current School Grade
First Name.....	Female <input type="checkbox"/>	Day	Month	Yr	
	Male <input type="checkbox"/>				

Session Choice: Please Check ONE only.

SPECIALTY JUNIOR CAMP PROGRAMS Dance Camp (July 25-August 25 <input type="checkbox"/> (Ages 10-12)	Sports Camp (July 25-August 25 <input type="checkbox"/> (Ages 10-14)	<i>All other application forms including full, short-stay and Junior Camp Programs are found on their appropriate pages.</i>
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Primary Contact Information: Parents or Guardian:

Check one of: Mr. & Mrs. <input type="checkbox"/> Dr. & Mrs. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. & Dr. <input type="checkbox"/> Dr. & Dr. <input type="checkbox"/> Mr. & Ms. <input type="checkbox"/>			
Father Contact Information	Mother Contact Information		
Last Name:.....	Last Name (if different).....		
First Name.....	First Name.....		
Home Phone	Home Phone (if different).....		
Business Phone.....	Business Phone.....		
Father's Cell Phone.....	Mother's Cell Phone.....		
Primary email address.....	Alternate email address (if split family).....		
Family Address.....	City	Country	Postal Code/Zip
Parent(s) an Ex-New Mooner?.....			

Summer Contact Information:

Cottage or Other Phone Number.....

Secondary Contact Information: Other parent or emergency contact | Relationship to camper.....

Name.....	
Home Address.....	City.....
Country.....	Postal Code.....
Phone.....	Cell Phone.....

Family Information

Father's Occupation: Mother's Occupation:.....

Family Status: Married Separated Divorced Widowed Custody: Mother Father Joint

Visiting rights for non-custodial parent? Yes No Court Order? (provide copy of relevant documentation)

Camper Information:

Recent camp experience:

Year..... Camp.....

Year..... Camp.....

Grouping Request: State 2 preferred bunk mates:

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.....

School attended

Behavioural / Medical Information: Please provide complete disclosure. This information helps us facilitate your child's adjustment.

Please comment on any behavioural or emotional difficulties (attach extra page if necessary)

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Has your child received behavioural / psychological counselling? No Yes : *please elaborate on a separate page*

Medical and Dietary Conditions: state any diet restrictions/food and/or general allergies (attach extra page if necessary)

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Camper's Ontario Health Number: _____ version code (if any) _____

Family Physician..... Phone

Conditions of Enrollment: Please read thoroughly before signing

- All fees (see enclosed 'Rates and Dates') are in Canadian funds and are subject to applicable taxes.
- We regret that we cannot accept verbal registrations or applications without the required deposit for each signed camper application form.
- Cancellations: A refund of the deposit less a cancellation fee of \$300.00 will be provided if prior to January 15th; the cancellation fee is \$600 for cancellations made between January 15th and March 15th. The deposit is forfeited if cancellations are made after March 15th. For Junior Camp Special programs (1 Day Mini Camp, Weekend and 1 Week), a cancellation fee of \$50 applies, and 50% of the deposit will be forfeited if cancelled within 4 weeks of the session.
- Balance of fee is due on or before May 1st. Interest (2% per month) is charged on unpaid balances. Applications will be cancelled if payment is not received. Please note: Late payments will nullify all discounts applied at the time of registration!
- No reduction or refund of fee is provided for campers arriving late or leaving early from registered sessions.
- Reduction in the registered session length prior to the summer is subject to an administrative fee of \$500.00.
- Camper Conduct: The Directors reserve the right to terminate the stay of campers if deemed in the best interests of the Camp. Campers will face expulsion *without refund* if policies are broken (including smoking, involvement of *any* kind with illegal drugs or alcohol), or if behaviour (including but not limited to any form of harassment, bullying, theft, destruction of property, etc.) is considered harmful to others.
- Photos and/or video of my child may be taken for program purposes or promotional material in print, video or the worldwide web.
- I agree to allow my child to participate in all activities at camp or at other locations during supervised trips (canoe trips, hikes, day-trips).
- Camp New Moon is not responsible for lost or damaged personal property of campers, or for the return of items prohibited at camp as stated in our literature.
- Reasonable precautionary measures are taken to ensure the safety and health of campers. However in the event of accident or extended sickness, Camp New Moon assumes no liability. Voluntary accident and sickness (medical) insurance can be purchased for a nominal fee.
- Campers should receive a medical examination within 6 months of camp and the camp medical form must be signed by the parent/guardian providing *complete disclosure including all current medications*. Costs for medical treatment required beyond the scope of the camp's medical centre, including prescription medicine, dental, hospital costs and other needs must be borne by the parents or by coverage provided in the optional medical insurance plan. If a medical emergency requires immediate surgery or treatment, I hereby grant permission to the physician selected by the camp to provide such care that includes and is not limited to necessary injections, anaesthesia, surgery or medical procedures.
- Your child's attendance at Camp New Moon and the relationship between you and Camp New Moon, its directors, officers, employees, medical staff and agents shall be governed by the laws of the Province of Ontario and in all regards, you shall submit to the exclusive jurisdiction of the courts of the Province of Ontario.

ORIGINAL / SIGNED APPLICATION WITH A \$1,000 DEPOSIT REQUIRED. FULL PAYMENT REQUIRED FOR 1 DAY AND WEEKEND PROGRAMS

Parent / Guardian (Print): _____

Signature _____

The individual signing this form ensures that all conditions of enrolment are met, as outlined above.