



### Crestwood Valley Day Camp

411 Lawrence Avenue East, Toronto, Ontario M3C 1N9 • Tel (416) 444-9595 • Fax (416) 444-4178  
www.crestwoodcamp.com www.crestwoodkids.com

### L.I.T. INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Birthday: Month \_\_\_ Day \_\_\_ Year \_\_\_ Girl  Boy   
 Grade Completed Before Camp: \_\_\_\_\_ School: \_\_\_\_\_  
 OHIP Card #: \_\_\_\_\_   
 Doctor's Name: \_\_\_\_\_ Doctor's Phone#: \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_ Has the L.I.T. attended summer camp previously? \_\_\_\_\_  
 When did the L.I.T. attend camp? \_\_\_\_\_ Name of Camp: \_\_\_\_\_  
 Any other Leadership Training? \_\_\_\_\_

### HEALTH INFORMATION

Please list any allergies the L.I.T. has: \_\_\_\_\_  
 Does the L.I.T. require an Epi-pen? \_\_\_\_\_  
 Does the L.I.T. wear glasses? \_\_\_\_\_ Do they need to be worn at all times? \_\_\_\_\_  
 Does the L.I.T. have any physical challenges? \_\_\_\_\_  
 Any special needs? \_\_\_\_\_  
 Does the L.I.T. have any serious fears? \_\_\_\_\_  
 Has the L.I.T. ever had any psychiatric guidance? \_\_\_\_\_  
 Does the L.I.T. have any activity restrictions? \_\_\_\_\_  
 Any dietary restrictions? \_\_\_\_\_

**Each L.I.T. will be required to submit a completed Health Form prior to the start of camp.  
Forms will be in the May Information Package.**

### SWIM INFORMATION

Is the L.I.T. afraid of water? YES  NO  Can Float? YES  NO  Does the L.I.T. wear ear-plugs? YES  NO   
 Can the L.I.T. swim well? Please specify: \_\_\_\_\_  
 Last Red Cross level attained: \_\_\_\_\_ Swim School: \_\_\_\_\_ Date of completion: \_\_\_\_\_  
 Is the L.I.T. currently attending swim lessons? YES  NO  Current Swim School: \_\_\_\_\_



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### **CHECK LIST**

**L.I.T. application and transportation card must be returned, along with a \$300 deposit for application to be processed.**

1. Please complete BOTH SIDES of the Application Form.
2. Please complete the Transportation Card in its entirety.
3. Please enclose either a cheque for \$300 per camper made out to Crestwood Valley Day Camp -or- our enclosed form, completed with your Visa or Mastercard information. If you would prefer to pay your deposit with cash, you must deliver your L.I.T. Application to our office in person.

#### **PLEASE NOTE:**

\* Postage on our self-addressed return envelope is DOUBLE that of normal, letter-sized envelopes.  
Camp Address: **411 Lawrence Avenue East, Toronto, Ontario M3C 1N9**

\*\* If you require extra application forms, please call the camp office or visit our camp website at [www.crestwoodcamp.com](http://www.crestwoodcamp.com)

**Thank you for choosing  
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**FAMILY INFORMATION**

**Parent/Legal Guardian #1:**  
Mr.  Mrs.  Ms.  Dr.  Other   
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell/Pager: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**Parent/Legal Guardian #2:**  
Mr.  Mrs.  Ms.  Dr.  Other   
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell/Pager: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**EMERGENCY CONTACTS**

<b>Emergency Contacts:</b> Full Name: _____ Relationship: _____ Home Phone: _____ Work/Cell Phone: _____	<b>Note: Contacts other than Parents/ Legal Guardians</b> Full Name: _____ Relationship: _____ Home Phone: _____ Work/Cell Phone: _____
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**FAMILY STATUS**

Are both parents living? \_\_\_\_\_  
Marital Status: Married  Common Law  Single  Separated  Divorced  Widow/Widower   
L.I.T resides with: \_\_\_\_\_ Does the other parent have access? \_\_\_\_\_  
**\*In the case of separated/divorced parents, Crestwood requires written documentation with regards to parental access (days and times) during camp hours and transportation arrangements, if necessary.**

**METHOD OF PAYMENT**

**DEPOSIT - \$300 Deposit per L.I.T. with Application (please choose 1 option)**  
 **Credit Card**  
o Visa  
o Mastercard  
Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ CVV #: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_  
 **Cheque**

**BALANCE DUE (please choose 1 option)**  
 **Credit Card**  
o Final Payment processed May 1, 2012  
o Final Payment processed in 3 equal payments (March 1<sup>st</sup> 2012, April 1<sup>s</sup> 2012, May 1<sup>st</sup> 2012)  
 **Cheque**  
o 1 postdated cheque for May 1, 2012  
o 3 equal postdated cheques (March 1<sup>st</sup> 2012, April 1<sup>st</sup> 2012, May 1<sup>st</sup> 2012)  
**Please Note: Balance of fees will be the same form as the deposit unless otherwise indicated.  
Payment in full is required for all applications received after May 1, 2012.**



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**CONDITIONS OF REGISTRATION AT CRESTWOOD VALLEY DAY CAMP**

- A) I/WE have read and understand the registration information and agree to abide by the conditions outlined. I/WE also understand that my/our L.I.T. will not be admitted to camp until the balance of the fees are paid for the specific programme and a completed health form is returned prior to the commencement of camp.
  - B) I/WE agree to allow my/our L.I.T. to participate in all camp activities and in any supervised trips or activities not on camp property as well as any photo-shoots to advertise camp programming.
  - C) I/WE agree to release and indemnify Crestwood Valley Day Camp from any and all claims for damages arising as a result of any accident, injury or otherwise, sustained by the herein named L.I.T. arising from participating in any camp activities where negligence is not the cause.
  - D) I/WE understand that the Director has the right to terminate the registration of any L.I.T. when it is decided by the Director to be in the best interest of the camp or the L.I.T. In such cases only a proportionate refund will be made.
- \*\*NOTES\*\***
- 1) Smoking, alcoholic drinks or drugs, other than those given at the Health Centre, are not permitted and are sufficient cause for termination.
  - 2) L.I.T. must be responsible for wearing a head covering (hat) and sunscreen (not containing nut oils) for their own protection. Crestwood cannot be responsible for any sun-related injuries.
  - 3) Cell phones or any electronic equipment cannot be used during camp and transportation hours. Crestwood takes no responsibility for lost, stolen articles or damage to personal property.
  - 4) Crestwood Valley Day Camp cannot be responsible for L.I.T. contracting any contagious disease.
- E) I/We agree to allow camp officials to act on my/our behalf in case of emergency.
  - F) I/WE understand that it is my/our responsibility and obligation to provide the camp with an accurate, updated health form and to notify the camp in writing of any changes and/or additions to the health information previously provided.
  - G) This application will not be processed without a completed health form and full deposit.
  - H) No refund will be made for camp days missed due to illness or personal matters.
  - I) Should the camp be unable to operate programmes, pro-rated refunds/credits and/or make-up days are not available.
  - J) I understand that Crestwood Valley Day Camp protects the privacy of personal information and personal health information in accordance with prevailing privacy legislation and with its Privacy Policy. I hereby consent to the collection, use and disclosure of personal information and personal health information about myself, the L.I.T. and the L.I.T.'s family for the purpose identified in the privacy policy.

**CANCELLATION POLICY**

- 1A) For cancellations made for any reasons, the deposit is non-refundable.
- 1B) Cancellation requests are to be made, in writing, to the camp administrator.
- 1C) **For Cancellations After May 1st But Before June 1st, 50% of Fees Are Available For Refund**
- 1D) **AFTER JUNE 1ST, NO REFUNDS WILL BE MADE OF ANY MONIES.**
- 2) No refunds will be made for camp days missed due to illness or personal matters. Days missed cannot be made up in other sessions. Should the camp be unable to operate programmes, pro-rated refunds / credits and/or 'make-up days' – are NOT available.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_