



Camp Summit 2017 March Break Camp Camper Application Package

Please Send Your Completed Application To:

CAMP SUMMIT
PO BOX 48—Squamish, BC— Canada
V8B 0A1

Email: jen@campsummit.ca Phone: (604)898-3700

Fax: (604)898-3708

Camper Name: _____

(First)

(Middle)

(Surname)

Gender: _____ Date of Birth (D/M/Y): _____ Age As of March 27th, 2017 : _____

Current Grade: _____ School Camper Attends: _____

Camper Mailing Address : _____

City: _____ Country: _____ Postal Code: _____

The office of Camp Summit will use both the First & Second Parent/Guardian information noted above in all Camp Communications (emails, important reminders, invoices, etc..) If you do not wish for an email noted above to be contacted with our Camp Communications please contact the office directly.

To ensure you receive our emails, please make sure that info@campsummit.ca is not designated as junk mail.

Parent/Guardian (1) Name: _____
Home Phone : _____
Business Phone : _____
Cell Phone : _____
Email : _____

Parent/Guardian (2) Name: _____
Home Phone : _____
Business Phone : _____
Cell Phone : _____
Email : _____

In the event of an emergency, our office will first attempt to reach the First and Second Parent/Guardian contacts noted above. If they cannot be reached, the office will contact the below authorized emergency contacts – It is highly encouraged to have Emergency Contacts that are different than your First and Second Parent/Guardian contacts.

Emergency Contact Name: _____	Relationship: _____
Home Phone Number : _____	Cell phone Number : _____

*If Parent / Guardian will not be picking up or dropping off the camper please provide additional contact information for **approved** drivers.*

Additional Approved Driver Name: _____	Relationship: _____
Home Phone Number : _____	Cell phone Number : _____

Additional Approved Driver Name: _____	Relationship: _____
Home Phone Number : _____	Cellphone Number : _____

How did you hear about Camp Summit March Break Program? _____

Has your Camper Attended Camp Summit Before? YES NO If Yes, which year is this for them at Camp? _____

2017 Payment Summary

Full Week	Full Week Sign-up	Regular Rate
	<input type="checkbox"/> Monday March 27th—Friday March 31st	

March Break Full Week Fee: A 260.00

5% Tax On Above Subtotal B 13.00

Optional Add-On's

Taxes are Already Included in Price

Tuck Shop Allowance

*Summit Souvenirs (T-shirts, Hoodies, Hats, Water bottles)
From \$10—\$60 per item*

C _____

Summit strongly believes that summer camp contributes to the social, physical, and emotional development of youth. It is our aim, with our Campership Program, to help children from families in need. The Campership Program allows these children to have the opportunity for a summer camp experience in one of our camps. Your donation can help make this possible – please contact the office for more information.

Campership Program Contribution

D _____

FINAL TOTAL (A+B+C+D) _____

Payment Options

Full payment of your Participant Fee's must accompany your application in order to reserve your spot.

I Would Like to Pay By....

Cheque (in Canadian Dollars)

Pay to the order of: Camp Summit

PO BOX 49

Squamish, B.C.

V8B 0A1

E-Transfer (in Canadian Dollars)

E-Transfer Details: please send to geoff@campsummit.ca

Security Question: "What town is Camp Summit in?"

Answer: Squamish

Credit Card (VISA / Mastercard)

Please Call Card Information into Office at 604-898-3700

Transportation Information 2017

Supervised transportation to and from Day Camp is provided and included in the \$52.00/day cost.

Drop-off: Between 8:45am– 9:00am **Pick-up:** 4:00 pm

Location : Sea to Sky Hotel Parking Lot, 40330 Tantalus Way, Garibaldi Highlands, BC V0N 1T0 . The Camp Summit Bus will be parked on the West side of the parking lot (marked in yellow).

The Camp Summit staff and the Camp Summit bus will meet at **8:45am** (15 min before departure) at the Sea to Sky Hotel Parking lot to meet and greet campers! We will then enjoy a fun bus ride up to Camp Summit. We will spend the day at Camp enjoying activities such as climbing, archery, high ropes, outdoor living skills and ending the day with a camp wide game! We will be departing Camp Summit to arrive back in the Sea to Sky Parking lot by 4:00pm.

Please note that this is the ONLY option available for transportation.

No drop-offs directly at Camp, please.



Driving Directions

From the South (and north) :

Take Hwy 99 to Garibaldi Way Exit,
Turn right on Tantalus Way,
Turn Right onto Diamond Rd, parking lot will be on the right hand side.

Our Camp Summit Bus will be parked

Participant Acknowledgement of Risk 2017

Participant Name: _____

My child and I have read a description of the camp activities my child is about to participate in and understand the hazards and risks of the intended activities related to the trip. Certain hazards and risks are inherent in camp activities and cannot be eliminated without destroying the unique character of the activities. These inherent risks are some of the same elements that contribute to the unique character of camp but can be the cause of destruction, loss or damage to equipment, personal property, personal injury, illness, suffering, or in extreme cases, permanent trauma or death.

Camp activities may take place in a wilderness environment and may include: rock and wall climbing, rappelling, bouldering, hiking, backpacking, high or low ropes course activities, swimming, whitewater rafting, zip lining, sea kayaking, canoeing, mountain biking, archery, dog sledding, snow shoeing, snowboarding, downhill and cross country skiing, fire building and cooking, and camping in remote, wilderness areas in developed and undeveloped campgrounds. Camp activities may also include transportation, sometimes at night, to and from Camp Summit. The participant may spend several nights outdoors.

In addition to the hazards and risks described above, the hazards and risks of the camp activities may also include, but are not limited to, the following: acts of other participants (including from the failure of other participants to follow instructions or obey safety regulations), manufacturers defects or malfunctions in equipment, weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services provided.

Camp Summit will not have medical personnel, other than Wilderness First Responder certified instructors, at the location of the camp activities or at Camp Summit.

I acknowledge that engaging in camp activities may require a degree of skill and knowledge different than other activities of Camp Summit and that my child has responsibilities as a participant to act prudently and carefully.

I certify that my child is fully capable of participating in the camp activities. My child is in good health and physically fit and has not been advised by a physician not to participate in arduous physical activities. I know of no reason, health-related or otherwise, why my child is not capable of participating in the camp activities

I acknowledge that I have read and completed fully the Medical Form provided by Camp Summit and accept full responsibility for omissions, errors or out-of-date information on that form.

I fully understand and appreciate the risk of injury, illness, property loss or theft, and even death inherent in the camp activities. I further understand that unforeseen circumstances may arise that have not been identified.

I acknowledge that I have read the clothing and equipment list provided by Camp Summit, and accept full responsibility for inadequate clothing or equipment and for clothing and equipment which I fail to provide to my child.

I acknowledge that the staff of Camp Summit has been available to more fully explain to me the nature and physical demands of these camp activities and the inherent risks, hazards and dangers associated with them.

Therefore, in consideration of being permitted to participate in this activity, I assume all risks and accept full responsibility surrounding my child's participation in the camp activities, the transportation related to them and any activities undertaken as an adjunct thereto, which risks include illness, injury and death.

I have read and agree to the Participant Acknowledgement of Risk 2017.

Signature of Parent or Guardian: _____

Date: _____

2017 Registration Information & Policies

Cancellation & Refund Policy

- **Up to March 20th, 2017:** Full refund of all camp fees minus a \$25 admin fee.
- **After March 20th, 2017:** All fees are non-refundable except for medical reasons accompanied by a Doctor's note.

There will be no refund made for any camper leaving camp due to homesickness, nor for arriving late or leaving early. No refund will be available for campers dismissed from camp for breaching camp rules. In the case of illness or injury sustained at camp, a credit will be given for the following season. Please allow for 3 weeks for the processing of refunds.

Camper Code of Conduct

Camp Summit is a fun place – independence and freedom are important at camp! In the spirit of community living, campers are expected to be respectful and mindful of others around them. Therefore, some of the basic rules and expectations (from home and school) are still valid and important at camp. All rules are designed around safety and respect. Campers are expected to take responsibility in caring for themselves and others. Campers are asked to respect the environment and the camp setting. **The following behaviours or actions are NOT tolerated at Camp Summit: bullying and/or harassment, alcohol and/or drug consumption, smoking, use of profanity (swearing), theft, vandalism, and aggressive defiant/disorderly conduct.** The Camp Director reserves the right to withdraw any camper without warning who, in their opinion, compromises the physical or emotional safety of any person at camp, or who is an immediate hazard to the safety of themselves or others. Camp Summit will also remove a camper who is negatively affecting the experience of another camper or group of campers.

Health & Safety

Campers should not come to Camp with known communicable diseases or health nuisances (such as chicken pox, lice, viral infections, rashes, fevers, flu symptoms etc..). On the first day of Camp, all campers will undergo a health screening upon check in to ensure they are healthy enough to attend Camp – this will include a head lice check and a series of health related questions at our screening tent. We ask that families contact our office in advance of Camp, if your child has been exposed to anything communicable within the 3 weeks of the start of your campers session. Together we will determine whether it is best for your camper to stay home for an extra day or so before arriving at Camp. We thank you in advance for your cooperation in keeping camp a healthy and safe environment for all children and staff.

Transportation

No drop-offs directly at Camp. Pick-up: The Camp Summit Bus will be leaving from the Sea to Sky Hotel Parking Lot at 8:45am sharp each morning. Our staff will arrive at the Parking Lot fifteen minutes early at 8:30am for your convenience. Please make sure to arrive at the Parking Lot on time each morning as our bus is unable to delay its departure.

Drop-off: The Camp Summit Bus will be arriving at the Sea to Sky Hotel Parking Lot at 4:15pm for drop-off. Depending on traffic please allow our bus a 10 minute window before calling the Camp Summit Office, we are making our way as safe and quickly as possible. Our staff will have a list of **Approved Drivers** for each camper attending our March Break Session. Only individuals on the list will be able to collect campers at pick-up. If you would like to add another individual to the list after registration please contact our office.

Weather Conditions

The weather in Squamish is always unpredictable, which is why we must always be prepared. All campers are required to bring appropriate clothing for potential wet and cold weather conditions. Even if it is sunny in the morning, a rain jacket is required while at Camp Summit because the weather is always changing.

Lunch

It is expected that all Campers bring their own lunch to Camp. Camp Summit is a **NUT FREE** site. For the safety of all our campers and staff we ask that families abide by our nut free policy.

I have read and agree to the Registration Notes listed above and understand the Cancellation/Refund Policies as detailed:

Signature of Parent or Guardian: _____ Date: _____

Camper Medical Form 2017

Camper Name (<i>legal birth name</i>):	Date of Birth:	Gender: M / F
Permanent Address:	Home Phone :	
Parent Name:	Work Phone:	
Parent Email:	Alternate Phone:	

Allergies: Indicate severity & triggers (airborne, contact or Ingestion) – in the case of a SEVERE allergy, please provide a personal emergency management plan & history of previous reactions.

None Other: _____
 Foods _____ Bee Stings
 Nuts Medications

Epi-pen required for allergies?: Yes No

If YES, Camper must bring two Epi-pens and carry one at all times at camp.

Medical Insurance Information for (CANADIAN CAMPERS)
 Provincial Care Card #: _____

Required Credit Card Information: (INTERNATIONAL CAMPERS ONLY)

In case medical care/prescription is needed by the camper, the family will be billed directly for any health/hospital services which they can then claim through their insurance:

Credit Card #: (Visa/MC/Amex): _____

Expiration Date: _____

Cardholder's Name: _____

**Note that all personal information is kept in strict confidence

Does your Camper carry an Epi- Pen? YES NO

Please Describe: _____

Immunization: Please check if immunization is current

Diphtheria _____	Pertussis _____	Polio _____	Measles _____	Tetanus _____
(Date)	(Date)	(Date)	(Date)	(Date)

Health History: Indicate medical issues for which your child has been diagnosed/treated (*Note that a physical exam by your doctor is not required)

<input type="checkbox"/> Glasses/Contact Lenses	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Urinary Tract Infections	<input type="checkbox"/> Asthma
<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Heart Problems/Defects	<input type="checkbox"/> Phobias (provide details)	<input type="checkbox"/> Autism
<input type="checkbox"/> Behavioural Issues (provide details)	<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>

Other significant medical problems requiring full awareness of camp staff (Please provide details & attach a separate page if necessary)

Please indicate all medications and non-prescription medicines that your child will be bringing to camp.

**** We ask that families refrain from placing their child on a "medication holiday" while here at camp as this often results in difficulty adjusting, withdrawal symptoms, confusion and behaviour difficulties. Campers treated with medication for behavioural or emotional difficulties usually benefit from continued medication so we ask that all medications be brought to camp and discussed with our health care staff upon arrival for your child's sustainable wellbeing throughout the camp session. If a medication holiday if something you would really like to do, this must be discussed with us beforehand****

Medical Permission Statement: To the best of my knowledge, the child herein described is in good health, free of communicable disease, and physically able to participate in all camp activities, except as noted above. In case of medical and/or surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, staff & or nurse selected by the camp director, to secure proper treatment (i.e. hospitalization, injections, transfusions, anaesthesia, or surgery as appropriately required) for my child as named above.

I certify that the above information is accurate, and that I concur with the statements as described

Signature: _____ **Date:** _____

Additional Camper Information

Have you ever been to Camp? YES NO If Yes, which one? _____

What activities is your Camper excited for during their time at Camp Summit?

<input type="checkbox"/> Archery	<input type="checkbox"/> Climbing	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Biking	<input type="checkbox"/> Outdoor Living Skills
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Field Games	<input type="checkbox"/> High Ropes	<input type="checkbox"/> Initiative Games	<input type="checkbox"/> Canoeing
<input type="checkbox"/> All Camp Games	<input type="checkbox"/> Day Hiking	<input type="checkbox"/> Low Ropes	<input type="checkbox"/> Campfire Time	<input type="checkbox"/> Bouldering

What qualities would you look for in a REALLY GOOD Camp Summit Staff?

Why are you sending your Camper to Camp Summit? What would you like them to accomplish?

What are your campers feeling about coming to Camp Summit? Are they very excited, enthusiastic, hesitant?

Is there any additional information that we should know about your camper that would be beneficial in creating a positive and successful experience at Camp Summit? Please be honest—This is for your Camper's benefit!

Will you Camper be celebrating their birthday during their time at Camp? YES NO

The Team at Camp Summit are happy to help make their Birthday a special time while at Camp! If you have a special dessert, present or card you would like us to give to your camper on their special day, we can arrange it for you! Please contact the Camp Summit office in advance to make arrangements.

There are lots of fantastic pictures taken at Camp each summer, some of which are used on promotional material and posted on our website. Do you give permission to Camp Summit to use a picture of your son/daughter?

YES NO Printed Name of Parent/Guardian: _____

Signature of Guardian : _____ Date: _____