



South River-Machar DAY CAMP 2011



c/o Village of South River

Village of South River
63 Marie Street, P.O. Box 310
South River, Ontario
P0A 1X0

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**Register early,
spaces are limited.**

Camp Information

The Day Camp is open to children ages 6 to 14 years. The Day Camp operates for 8 weeks and campers can register by the week or for a session of 4 weeks.

Children are encouraged to participate in a variety of age appropriate activities. Swimming is offered daily as part of the Red Cross Swimming Program. Children can achieve their badge levels in a safe and fun environment.

The South River - Machar Day Camp is a recreation program administered by the Village of South River and the Township of Machar. It is held at the Hockey Opportunity Camp on Eagle Lake. Hockey Opportunity Camp is an accredited member of the Ontario Camps Association, which has been providing camping experiences for children of all ages since 1966.

A confirmation will be mailed to each camper once the completed registration form and payment is received by the South River Municipal office. The confirmation will include a complete list of items to bring to camp including a lunch and a schedule for bus stops.



Archery
Snorkeling
Wall Climbing
Windsurfing
Swimming
Kayaking
Camping
Games
... and more!

FREE transportation is provided along the designated route from Sundridge, South River and along the Eagle Lake Road.



Camper Information

Last Name: _____

First Name: _____ Sex: _____

Mailing Address: _____

Home Municipality: _____

Home Phone: _____

E-mail: _____

Birthdate: _____ Age At Camp: _____

Weight: _____ Height: _____

Ontario Health Card #: _____

Doctor's Name: _____

Doctor's Phone: _____

EMERGENCY CONTACT INFORMATION

Day Time Phone Numbers

Parent/Guardian Name: _____

Mother/Guardian: _____ Cell: _____

Father/Guardian: _____ Cell: _____

Alternate Contact: _____

Alternate Contact Phone: _____ or: _____

Alternate Contact Relationship: _____

Camper Health Details

Medications (list any medication that the child is taking or you want administered by the camp healthcare staff):

Purpose: _____

Allergies (list any know allergies and the severity your child has):

Will your child be bringing an Epi Pen?: YES NO
 (Campers bringing their own Epi Pen(s) must bring a fanny pack to carry it with them.)

If yes, does your child know how to use it? YES NO

Are there any other personal or health issues that the camp staff should be aware of or any medical conditions that would affect his/her participation any camp activity?:

Asthma	Homesickness	Headaches
ADD/ADHD	Hearing Difficulties	Eating Disorders
Seizures	Behavioural Concerns	Head Lice
Skin Conditions	Heart Condition	Diabetes
Vision	Mobility	

Other: _____

Is there any information about the camper's family structure that would be important for the camp staff to know? (Parents separated, divorced, custody issues, loss of family member, etc.):

Families whose child has a severe food allergy should include extra information for the Camp Staff. Hockey Opportunity Camp is NOT a nut free environment. HOWEVER, we ask you respect those with allergies and do not bring products with visible nuts or nut products to camp.

WAIVER

Some camp activities have known and unknown risks that could result in physical injury. Campers must abide by all prescribed safety measures for all camp activities. Eagle Crest Resorts Ltd. will not be responsible for any participant's fitness or, faulty camper equipment or any injury that may result while participating in any camp activity. I acknowledge that camp takes place in Ontario and that Ontario Courts shall have jurisdiction over any claim(s) arising from camp. I hereby waive, release/absolve and agree to indemnify and save harmless Eagle Crest Resorts Ltd, The Village of South River and Township of Machar and its directors, officers, employees and agents of and from any and all liability arising therefrom, except such as shall arise solely as a consequence of its or their gross negligence or gross default. Although the camp and/or caterer make every effort to accommodate all campers with food allergies, the camp or its suppliers cannot be held responsible in the event of an allergic reaction. Depending on the allergy(ies), it may be necessary for the Camp Director to determine if camp registration is feasible. In addition, it may be necessary for parents to provide specialty foods not available through our normal food distributor.

CODE OF CONDUCT

Campers are not permitted to possess cigarettes, alcohol or illegal drugs. Campers defacing property will be held responsible for cost of replacement. Campers not abiding by established camp policies, or exhibiting behaviour that is detrimental to other campers may be asked to leave. No refund will be considered if a camper is required to leave for one of these reasons.

AUTHORIZATION

All medical problems or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary. Permission is hereby given to the camp staff to take whatever steps it deems necessary to ensure the safety and health of the camper and to provide common, non-prescription medications such as Acetaminophen, Ibuprofen, Gravol, Kaopectate, cough syrup etc. This also allows the camp to contact the camper's family physician. I hereby certify that all information completed in this form is accurate and up to date and I will contact the camp in writing if any changes occur in this camper's health status. In the case of a medical/surgical emergency and we are not immediately available for consultation, I hereby give permission to the physician selected by the Camp Director/Medical Staff to hospitalize and secure proper treatment for my child (as named on the registration form). I have also read the terms of the waiver and code of conduct and agree to accept these conditions.

If my child shows symptoms of gastrointestinal illness including, but not limited to vomiting, chills, abdominal cramping and diarrhea (up to 72 hours prior to arriving at camp) or is in contact with anyone showing such symptoms as described above, we declare that we will contact the camp immediately.

Name (print): _____

Signature: _____ Date: _____

Registration

Sign up for:	Resident	Non-Resident
<input type="checkbox"/> Session 1 (July 4–July 29)	\$280.00	\$350.00
<input type="checkbox"/> Session 2 (August 1 - August 26)	\$280.00	\$350.00
<input type="checkbox"/> Weekly (please list weeks below)	\$110.00	\$137.00

 Week (s) attending if registered weekly

 Week (s) attending if registered weekly

 Swimming Level/Ability

Qualification for Residential Rate:

- Live in Machar/South River
- Seasonal Resident in Machar/South River
- Dependant/Family of Ratepayer in Machar/South River

Method of Payment

- Cheque
- Cash
- DSSAB (**attach form**)

Sorry, no refunds.

* Registrations through DSSAB subsidy will not be accepted without completed parental agreements from DSSAB and payment if applicable.

Registrations are accepted on a first come, first served basis. Spaces will only be reserved when a completed registration form and payment are received by the South River Municipal office.

PLEASE SEND COMPLETED REGISTRATION FORM AND CHEQUE MADE PAYABLE TO:

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 P0A 1X0

For additional information, please contact:

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