



Caton's Island Registration Form - 2010

NOTE: This form *MUST* be completed by the parent or legal guardian of the camper. Please use a separate form for *EACH* camper that you are registering and mail to the address on the right.

Before June 15 - Camp Registration
268 Howland Ridge Road
Howland Ridge, NB E6E 1P8
(506) 463-8321

www.catonsisland.com
register2010@catonsisland.com

After June 16 - Caton's Island, P.O. Box 408
Brown's Flat, NB E5M 2S1
Phone: (506) 468-6262
Fax: (506) 468-2759

★ REGISTER EARLY TO ENSURE A PLACE IN THE CAMP OF YOUR CHOICE ★

Camper Information	✓ #	CAMP	DATES	AGE	COST
Camper's FULL Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Camper Birthday (Month/Day/Year): ____/____/____ Parent/Guardian Name(s): _____ Home Phone Number: (____) _____ Mailing Address: _____ City: _____ Prov./State: _____ Postal/Zip Code: _____ Parents E-mail: _____ Campers E-mail: _____ Home Church: _____		C.I.T. Training	May 28 to 30	14 to 17	\$70
		Xplore 1 (co-ed)	June 27 to July 2	8 to 9	\$295
		Xcite (co-ed)	June 30 to July 2	5 to 7	\$105
		Girls Adventure	July 11 to 16	9 to 12	\$295
		Xcalibur (co-ed)	July 18 to 23	13 to 17	\$295
		Boys Adventure	July 25 to 30	9 to 12	\$295
		Family Camp	July 30 to Aug. 2	All Ages	\$295
		District Youth Camp	Aug. 8 to 13	13 to 17	\$295
		Xplode (co-ed)	Aug. 15 to 20	10 to 12	\$295
		Xplore 2 (co-ed)	Aug. 15 to 20	8 to 9	\$295
No Price Increase for 2010! Camp \$61.95 plus 13% tax of \$8.05 = \$70.00 Camp \$94.50 plus 13% tax of \$10.50 = \$105.00 Camp \$262.50 plus 13% tax of \$32.50 = \$295.00					

Family Camp Information

Parent's Names: _____
 Kids Names: _____ Age: _____

Online Registration can be paid by two methods:

- Pay in full with your credit card or Pay pre-registration fee with credit card and send cheque for remainder at least two weeks before camp begins.
- Online Registration contains no extra fees beyond the stated price.
- Our online registration system allows you to go back and update your campers file as necessary. IE: Check money owing, make payments, add canteen money, etc.
- **Be sure to take advantage of this convenience!!**

If you registered online last year just go online and update your account to register this year."

★ For your convenience and ours we encourage you to register online. ★
 It's fast, easy and ensures your camper a spot in camp without delay. ★
www.catonsisland.com

Family Discount - Immediate Family Only

Give the names of other children and the camps they are attending (for family discount only).

Camp Price (circle one)	\$70	\$105	\$295
Pre-registration Fee \$50 (Non-refundable, and is included in the camp price)	\$ _____		
~ OR ~			
Full Registration Fee: (50 Non-refundable)	\$ _____		
Less Family Discount:	- \$ _____		
Canteen Money: (Suggested \$15-\$20/wk)	+ \$ _____		
Counsellor Gratuity (optional)	+ \$ _____		
Total:	= \$ _____		
Total Enclosed:	\$ _____		
Balance Owing Camp:	\$ _____		

Office Use Only

Cheque Number: _____
 Cheque Amount: \$ _____
 Cheque Date: _____
 Registration: \$ _____
 Canteen: \$ _____
 Gratuity: \$ _____
 Initials: _____

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Name: _____
 Camp: _____

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 Camp: _____

1st and oldest child - regular price.
 2nd child - \$20.00 off
 3rd and subsequent children - \$20.00 off each camper.

(2 Children - Minus \$20, 3 Children - Minus \$60, 4 Children Minus \$80 ...)

Can be any combination of camps and kids (excluding Family Camp and C.I.T. Camp)

TWO Cabin Mate Choices:

1. _____
 2. _____

** Please note: We will try to accommodate your preferences but we cannot guarantee them!*

All registration fees due two weeks before camp begins.
Sorry - no cheques accepted on registration day.

Caton's Island Medical Information

Campers Full Name: _____

Please read number eight under Condition of Enrollment below.

Is your child covered by provincial medical insurance?..... Yes No

If YES, Medicare #: _____ Expiry Date: _____

If NO, what form of coverage is available for the camper? _____

NOTE: It is the responsibility of the parent/guardian to ensure proper coverage.

Does your child have any physical, mental, or emotional weakness or disabilities that the camp should know about?

i.e. If your child has ADD, ADHD, asthma, allergies, etc. PLEASE TELL US! **..... Yes No

Does your child have any life threatening allergies? **..... Yes No

Will medications be required at camp? **..... Yes No

Can Tylenol be administered if necessary? **..... Yes No

Can Ibuprofen (Advil) be administered if necessary? **..... Yes No

Does your child have any allergies to food or drugs? **..... Yes No

Does your child have any special sleeping arrangements? **..... Yes No

Is your child affected by any of the following: (please circle) eating disorder, bed wetting, heart conditions, sleepwalking, diabetes, fainting spells, seizures, headaches, other** _____

Date of last tetanus shot: _____

****NOTE: IF YES -** Please give any details and helpful information on a separate sheet if you do not have enough room on the lines above.

ALL MEDICATIONS MUST BE GIVEN TO THE CAMP PERSONNEL UPON ARRIVAL AND MUST COME IN ORIGINAL PACKAGE.
ALL MEDICATIONS WILL BE DISPENSED BY AUTHORIZED STAFF.

Please list any medications your child is taking and include detailed information on how to administer that medication.

Medication	Dosage	Times	Days

Emergency Information

Family Physician: _____ Phone: (_____) _____

Your Full Name: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ ext. _____ Cell Phone: (_____) _____

Emergency Contact's Name: _____ Relationship: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ ext. _____ Cell Phone: (_____) _____

Conditions of Enrollment

1. While due care is taken I understand that there are inherent and other risks involved in sports and activities at camp, and that injuries may occur in such programs, and I freely assume those risks. I hereby release injury to myself, my child or ward, or to any person or property resulting from negligence, loss, accidents, etc. accepting myself full responsibility for any and all such damage or injury which may result while at camp or participating in any related activities. I hereby waive the right to bring legal action of any kind against the Atlantic District of The Wesleyan Church, Caton's Island, or any of its employees or volunteers.
2. In case of a medical emergency I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be contacted, I hereby authorize emergency medical treatment for the above named camper and agree to accept any additional related costs of transportation and/or special care.
3. All campers must assume liability for any damage they cause to camp property.
4. The parents or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Camp, including a photocopy of any court order referring to visitation rights. The signature on the registration form signifies that both parent(s)/guardian(s) are in agreement with the conditions of enrollment.
5. The parent(s) or guardian(s) submitting this application grant permission for the child to participate in all camp activities.
6. The Camp Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of those in authority.
7. I agree to permit the use of photos or videos of the applicant camper(s) in promoting the camp.
8. To the best of my knowledge, my child is in good health. I will notify the Camp if my child is exposed to an infectious and/or contagious disease during the three weeks prior to arriving at camp. *(Please do not send an infectious child to camp.)*
9. I hereby certify that I have read, understand and accept the - 1. Conditions of Enrollment. 2. Rules and Guidelines. 3. Discipline policy Rules and Guidelines and Discipline policies are available in the full brochure.

NOTE: Registration not accepted unless this form is completed.

Signature or Parent/Guardian: _____ Date _____

I hereby promise to cooperate with camp leaders and agree to obey the camp rules and to participate in the camp program.

Signature of Camper: _____ Date _____