



Red Pine Leadership Camp Registration Terms and Conditions

Camper Name (please print clearly):

Thank you for registering your child for RPLC using our online registration system. Your child's registration will be complete once the following have been received by the registrar. Please contact the registrar if you have any questions: leadership@redpinecamp.org

- Terms and Conditions
- Waiver Form
- Completed Medical Form
- Registration Fee Deposit AND the balance of the camp fee (see below for details)

The registration package should be sent to: Leadership Registrar
Red Pine Camp
1132-2720 Queensview Drive
Ottawa, ON K2B1A5

Registration Fees: The regular camp fee is \$545.00 plus HST of \$70.85 for a total of \$615.85. A deposit of \$100.00 must be paid at the time the registration package (registration form, medical form and signed waiver) is submitted.

E-transfers can be emailed using the password: **RedPineLeadershipCamp**. Cheques are to be made payable to "Red Pine Leadership Camp". **No** post-dated cheques please. The deposit is applicable to the camp fee and is not refundable.

The balance of the camp registration fee is due on **June 1**.

NSF Cheques: A \$50.00 service charge will be levied on all NSF payments. Replacement cheques must include the service charge and must be certified.

TERMS & CONDITIONS

1. Registration cut-off date is June 1. After June 1st spaces will be filled on a first come basis.
2. **Cancellation & Refund Policy:** Red Pine Leadership Camp reserves the right to cancel the session if a minimum number of participants have not registered by June 1. Red Pine Leadership Camp will issue full refunds if this occurs. Refunds are not granted if the parent/guardian withdraws a camper before the end of the session, if the camper arrives with a communicable disease or is sent home for misconduct. Cancellations for Red Pine Leadership Camp made before June 1st will be refunded the camp fee, less an administration charge of 50% of the booking deposit. Bookings cancelled after June 1st will forfeit the entire booking deposit; the balance of camp fees will be refunded. Any request for refunds must be made in writing to the Camp Director prior to the start of the session.
3. Red Pine Leadership Camp will not be responsible for any loss or theft of the camper's property.
4. All campers are expected to participate in the full camp program unless RPLC is provided with medical justification for exclusion from specific activities.

Please initial the following to signify that you have read and agree (camper and parent/guardian)

___ I understand that while every care and attention will be given to the health and safety of my child, Red Pine Camp, RPLC nor the staff, can be held responsible for any accident/illness that may occur. Should emergency medical care be required, and efforts to contact the parent or guardian are unsuccessful, the Camp Director or medical professional on duty, will secure appropriate medical advice and services as deemed necessary for the health and welfare of the camper. I agree to accept financial responsibility for costs in excess of the benefits allowed under the Ontario Hospital Insurance Program (OHIP).

___ **TECHNOLOGY- Red Pine Leadership Camp is a TECHNOLOGY FREE ZONE.**

Do not bring the following to Camp:

- 1. Cell Phones and Smart Phones**
- 2. Laptop computers and tablets**
- 3. iPod devices**

Campers found with technology devices, such as listed above, will be relieved of their device(s) while at camp.

___ Although every effort is made to return lost or misplaced articles, the camp cannot be held responsible for lost or stolen property.

___ **Contacting your child while at camp:** Should you need to contact your child while at camp do so through the camp office. The email address is leadership@redpinecamp.org and the phone number is 613-625-2355. Messages will be checked regularly during regular office hours. **Your child will not be able to contact you while at camp but will have great stories to share when they see you.**

___ Violence, discriminatory behaviour, theft, bullying, disrespectful or vulgar language, drugs, alcohol and pornography/sex, and smoking are all prohibited at Red Pine Leadership Camp. Rules/regulations/policies/procedures are all in place to ensure RPLC core values are met and individual rights respected. If my child is involved in any conduct which breeches these policies or endangers the well-being of campers and/or staff or the efficient and safe operation of the Camp, s/he will be dismissed from camp immediately. If any camper is dismissed from camp for any reason or at any time, there will be no refund of camper fees. It is understand I will be responsible for all costs associated with the dismissal, including travel expenses. The decision to dismiss a camper from camp is within the exclusive discretion of the Camp Directors, or his/her delegate, in the event of an emergency

Please sign this form for our records. It indicates that you understand these terms and conditions and agree to abide to them.

Printed Name

Camper Signature

Date

Printed Name

Parent/Guardian Signature

Date

TO PARENTS: Your child will not be registered for Red Pine Leadership Camp (RPLC) until this form is completed **IN FULL** and has been submitted with the RPLC registration form. It will be reviewed for completeness before registration is processed.

Camper Name: _____

Please note and initial each item:

- 1 It is vital to the safe management of your child while at camp, that you disclose **all** medical conditions/information, personality disorders or behavioral issues. These would include all allergies, Asperger’s syndrome, depression, social anxiety, fears/phobias, emotional instability, attention deficit disorder, mood disorders, nightmares as well as *anything* for which medication is required. _____ (initial)

- 2 **ALL** medications will be passed over to the camp’s **Medical Officer (MO)** when the camper arrives in camp and will be dispersed at the First Aid Post by the MO **or** supervised by the MO if the camper generally manages their own medication at home. **NO** medications will be kept in the cabins other than **EpiPens or puffers**. This includes antibiotics, Tylenol/Ibuprofen, antidepressants including all **prescriptions and non prescription drugs**. _____ (initial)

- 3 **All medications must be in their original containers with the physician’s prescription noting diagnosis, dose, frequency and administration details. DO NOT organize medications in dosets or ziplock bags.** _____ (initial)

- 4 Parents are to update either the camp registrar or the camp coordinator if any changes to the camper’s medical status/medication exist at the time camp starts from the time registration was completed. I.e., recent injuries/surgeries, change in medication, recent illness. _____ (initial)

- 5 Parents may communicate with the MO if required _____ (initial)

- 6 All medical information will be kept confidential and shared only as communicated by the MO in the best interest of the camper. _____ (initial)

HEALTH INFORMATION THIS INFORMATION IS GIVEN DIRECTLY TO OUR MEDICAL STAFF

CAMPER'S NAME:		GENDER: Male Female	
(Last Name) (First Name)			
HOME ADDRESS		CITY.....	
PROVINCE		POSTAL CODE.....	
HEALTH CARD NUMBER (Incl. 2 letters that follow, if applicable)		Letters	
VALID		BIRTH DATE	
Year Month Day Year Month Day		Year Month Day	

Name of Parent or Guardian Tel – Home: ()

Summer Address Bus. ()

..... Cell ()

Emergency Contact Name Emerg. Tel ()

Relationship to Camper

Family Doctor Name Dr's Tel ()

Allergies – Food (specify)
.....

Drugs (specify)
.....

Other (i.e. Bee Stings)
.....

Camper carries an **EpiPen** (CIRCLE ANSWER) **No** **Yes** for the following allergy

.....

Are there any food concerns/dietary restrictions about which we should be aware (e.g. vegetarian, lactose intolerance)? Please elaborate in as much detail as possible. **Note: All dietary concerns must be listed here prior to the start of the session. All information regarding special dietary needs will be shared with the kitchen staff.** (Please note that menus do not cater to likes or dislikes. We provide a balanced and varied menu)

.....
.....

Is the camper bringing any medication(s) to Camp?

Yes No

Include prescription and non-prescription drugs such as: Dermatological treatments (i.e. Topical Creams), Ranitidine (antacids), Allergy Meds (Claritin/Reactin), Advil, Tylenol, EpiPen, Puffers, antidepressants, cold/flu medications, Antibiotics

Please list ALL medication(s) being sent to Camp and continue the list and attach a separate page if you require more space.

Medication Name	Dosage	Administration Time(s)	Reason for Taking

1. **Tetanus (DPTP) Immunization Date** (Must be current, within 10 yrs. of start of camp.)
 (DD/MM/YY)

Circle the correct response

2. Has your camper received regular immunization since birth? Yes No
3. Are there immunizations you have chosen not to give your camper? Yes No

If yes, please specify.....

4. Has your camper had the Chicken Pox? Yes No
5. Does your camper take medications throughout the year that **WILL NOT** be sent to Camp this summer?
 If Yes, please explain. Yes No

*** We strongly recommend that regular medication routines continue while your child is at Camp.**

6. I give permission for my child to administer the complimentary supplements that I have sent, under the supervision and knowledge of a member of the Camp Health Care staff.

All medication will be in its original medical dispenser with name and clear labeling. N/A Yes No

7. Please check off any significant medical conditions, physical limitations, or other concerns which may affect your camper's stay at Camp:

- Anaphylactic Allergy (please specify allergy).....
 - Will your camper bring an EpiPen to Camp? Yes No
 - My camper should carry his/her EpiPen with him/her at all times. N/A Yes No
- Asthma - Will your camper bring an asthma inhaler to Camp? Yes No
 - Does asthma limit physical activities?** Yes No
 - I give permission for my child to keep in his/her cabin and/or on his/her person an inhaler which they will administer as prescribed. N/A Yes No
- Concussions and/or Head Injuries (please record date –dd/mm/yy).....
- Diabetes
- Bed Wetting
- Digestive Upsets.....
- Ear, Nose, Throat Infections (please specify).....
- Epilepsy
- Migraine Headaches
- Operation(s) for.....
- Other (please elaborate).....
- Recent Illness (more info please).....
- Sports-related Injuries (i.e. Back ache, knee, ankle problems).....

8. Does the camper have any mental, physical, emotional or behavior challenges? Yes No
 If “yes”, please describe:

9. To the best of my knowledge, the information on this medical record is complete, current and accurate. Yes No

Please read and initial:

- To the best of my knowledge, this camper does not have a communicable disease, and is physically able to participate in all Camp activities except as indicated above. _____
- 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. _____
- I understand that I will be notified if extended care has been provided by the Camp Health Centre, or following assessment or treatment by a local physician. _____
- In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of my camper. This also allows permission for the Camp to contact the camper's family physician/specialist. **(Please inform your physician/specialist that you have given this authorization.)** _____
- *I agree to notify the Camp in writing if any changes occur in my camper's health status, medications, or family status between now and the start of the Camp session.* _____

I UNDERSTAND THAT MY CAMPER WILL NOT BE REGISTERED UNTIL ALL PORTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED INCLUDING MY CAMPER'S HEALTH CARD NUMBER (IF APPLICABLE) AND THE DATE OF THEIR LAST TETANUS IMMUNIZATION.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

.....
Name of Parent/Guardian (printed)

.....
Signature

.....
Date

RED PINE LEADERSHIP CAMP WAIVER AND INDEMNITY

This waiver and indemnity document is a registration requirement of Red Pine Leadership Camp and Red Pine Camp Inc, so must be completed by the parent(s)/guardian(s) of the minor child(ren) listed below and returned to Red Pine Leadership Camp registrar (address on registration form) before your booking request can be confirmed. Each parent/guardian who provides care for the minor child(ren) and has a right to make decisions about them must sign this form.

IMPORTANT NOTICE: BY SIGNING THIS FORM, YOU ARE ACCEPTING RISKS AND AGREEING TO GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT, COMPLETELY UNDERSTAND IT, AND AGREE TO ALL OF ITS TERMS.

Singular and plural: In this waiver, the singular (“I”, “my”, “his”, “her”, “child”, etc.) will also include the plural (“we”, “our”, “their”, “children”, etc.).

I, the undersigned, am the parent/legal guardian of:

Name: _____ Age: _____
(the “Child”)

What is Involved

I understand that:

- The Child has been offered a chance to participate in a residential leadership camp program (the “**Program**”), operated by Red Pine Camp Inc. (the “**Camp**”).
- Participation in this Program involves the Child using the facilities and equipment at the Program, and participating in the activities offered at the Program.
- The Program is offered at the Camp property, located at 618 Island View Drive, Golden Lake, Ontario.
- The activities at the camp include sporting activities and outdoor living skills, including low-energy activities, high-energy activities, climbing activities involving heights, and water/waterfront activities such as swimming, boating and waterskiing/tubing in a lake. The activities at the Camp are not necessarily limited to this.

The Risks

I understand that participation by the Child in the Program involves a number of risks. This Form cannot list all of the risks involved, but they may include:

- Risk of injury, death, damage to property or loss of property.
- Any type of minor or serious bodily injury.
- They may result in an impairment of any, or all, of the Child’s regular activities of daily living.

In signing this form, I agree to have the Child participate in the Program, knowing the risks involved. I also accept the risks that are listed above and all other risks associated with the Program.

RED PINE LEADERSHIP CAMP WAIVER AND INDEMNITY

What I am Giving Up

In exchange for the Camp allowing the Child to participate in the Program, I agree that:

- I will not hold the Camp liable for any injury or damages suffered due to the Camp's negligence or vicarious liability, except if it is caused by gross negligence or intentional conduct.
- I will not sue the Camp, or participate in a law suit against the Camp, except if it arises from the Camp's gross negligence or intentional conduct.
- If the Camp is sued by anyone because of injury or damages that are in any way caused by the Child's participation in the Program, I will reimburse the Camp for their legal costs, fees, and payments.
- I also understand that in giving up these rights against the Camp: I am also giving them up against the Camp's employees, officers, directors, representatives, agents, volunteers, successors and assigns.
- I am also giving them up with respect to any transportation or activities that take place off camp property.

Expulsion from the Camp

If the Child violates any rules of the Camp, or does anything that could put the Child or others at physical or emotional risk, I agree that this may result in immediate dismissal from the camp. I also agree that Camp management has sole discretion in making this decision.

Contagious Illness and Emergency Authorization

To my knowledge, the Child does not have a contagious illness, and is physically able to participate in all of the Program's activities. If there is any change in the Child's health before the program begins, I will notify the Camp immediately.

I agree that if I cannot be reached during an emergency, the medical professional chosen by the Camp may secure appropriate treatment for the Child, at my expense.

Jurisdiction and Law

Any disputes that are connected to the Child's participation in the Program will be litigated in the Superior Court of Ontario, in Ottawa, Ontario. They will not be litigated in any other court, city, province or country. The applicable law will be the law of Ontario.

Severability

If anything in this Form is found by a Court to be unenforceable, then it will be modified to reflect the parties' intention. Everything else in this Form will remain in full force and effect.

EACH PARENT/GUARDIAN WHO PROVIDES CARE FOR AND HAS A RIGHT TO MAKE DECISIONS ABOUT THE CHILD (REN) MUST SIGN THIS FORM.

In the space provided below, indicate your acknowledgment and acceptance of all of the above by signing AND printing where indicated.

I HAVE READ ALL OF THE ABOVE AND I AGREE:

Parent/Guardian 1 Signature: _____ Print name: _____

Date: _____

Parent/Guardian 2 Signature: _____ Print name: _____

Date: _____