



Online Booking ID# \_\_\_\_\_

## Red Pine Leadership Camp Registration Information & Forms

Dear Parents and Guardians,

**Please keep page 1 for your records, only send pages 2 – 7 to the camp office with your deposit.**

**Parent's Track your Payments**

Registration Date: \_\_\_\_\_

**Final Payment Due: June 1, 2019**

Child Registered: \_\_\_\_\_

Date Deposit Sent: \_\_\_\_\_ Reference# \_\_\_\_\_

Date Final Payment Sent: \_\_\_\_\_ Reference# \_\_\_\_\_

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 Red Pine Camp office. Please contact the camp office if you have any questions or via email at [leadership@redpinecamp.org](mailto:leadership@redpinecamp.org)

- Terms and Conditions and Completed Medical Form
- Registration Fee Deposit sent in with completed forms
- Mark your calendar - Balance of Registration camp fees - **DUE June 1, 2019.**
- Waiver Form (*is now online – no additional pages needed*)

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

or as a PDF to [redpine@redpinecamp.org](mailto:redpine@redpinecamp.org)

### **Registration Details:**

**Register before January 31<sup>st</sup> and receive an RPLC Slouch Toque.**

**2019 Registration Fees are \$575.00 plus HST for a total of \$649.75**

A deposit of \$100.00 must be paid at the time you submit the registration package (registration form, medical form and signed waiver) – after your child has been accepted to RPLC – Check your E-Mail.

E-transfers can be emailed to [redpine@redpinecamp.org](mailto:redpine@redpinecamp.org) using a password that would be simple to guess. Cheques are to be made payable to "Red Pine Camp". **No** post-dated cheques please. Do not use staples on cheques. The deposit is applicable to the camp fee and is not refundable. We do NOT accept credit cards.

The full balance of the camp registration fee is to be paid on **June 1**. **After this date, if your balance has not been received, your camper will lose their spot on the priority list and be moved to the waitlist to make room for campers. The Cancellation Policy will apply.**

**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.

### **IMPORTANT INFORMATION**

1. Registration cut-off date is June 1. After June 1<sup>st</sup> spaces will be filled on a first register first in 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 1<sup>st</sup> will be refunded the camp fee, less an administration charge of 50% of the booking deposit. Bookings cancelled after June 1<sup>st</sup> 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.



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## Red Pine Leadership Camp Terms & Conditions

Camper Name (please print clearly): \_\_\_\_\_

Entering grade: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Camper and Parent/Guardian – we require both of you to initial below to signify that you have read, and both understand and agree to abide by the following rules and expectations:**

\_\_\_ / \_\_\_ 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).

\_\_\_ / \_\_\_ I have read and understand the above RPLC cancellation / refund policy.

\_\_\_ / \_\_\_ **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: Your child will NOT be able to contact you while at camp but will have great stories to share when they see you.** Should an emergency arise and you need to contact your child, please contact the camp office via email address [leadership@redpinecamp.org](mailto:leadership@redpinecamp.org) or leave a message at the camp phone number 613-625-2355. Messages will be checked regularly during regular office hours by the RPLC Camp Director.

\_\_\_ / \_\_\_ 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 breaches 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 understood 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.

*Granted* \_\_\_ *Not Granted* \_\_\_ **Media & Photo Permission** We love sharing photos of camp with you as the week is progressing. If you would prefer that your camper **NOT** be included in photographs posted on our website, Facebook page or any other camp publications, please tick the correct box AND email us at [leadership@redpinecamp.org](mailto:leadership@redpinecamp.org) **BEFORE** the start of camp.

**Please sign this form for our records. It indicates that you understand these terms and conditions, you have reviewed them with your child and both agree to abide to them.**

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Printed Name

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date



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## **Red Pine Leadership Camp Health Form Given Directly to our Medical Staff**

**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:** \_\_\_\_\_

**Booking ID#** \_\_\_\_\_

**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 **EpiPen's 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 zip lock 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 camp Medical Staff member if required \_\_\_\_\_ (initial)
  
- 6 All medical information will be kept confidential and only need to know information would be shared by the Medical Staff member toward the best interest of the camper. \_\_\_\_\_ (initial)



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# Red Pine Leadership Camp Health Form Given Directly to our Medical Staff

Med Staff: Cab Assignment # \_\_\_\_\_

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 ..... To ..... 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) Yes No

.....

Drugs (specify)

.....

Other (i.e. Bee Stings)

.....

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

.....

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)

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.....



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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** (DD/MM/YY) \_\_\_\_\_  
(**Must** be current, within 10 yrs. of start of camp.)

**Circle the correct response for all following questions**

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.**

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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 child'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



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## ***Red Pine Leadership Camp Health Form Given Directly to our Medical Staff***

**Parent / Guardian, Please read and initial:**

**Camper's Name:** \_\_\_\_\_

- 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**