



# CAMP TANNER INC.

www.camptanner.ca

## 2019

### Registration Form

**PLEASE PRINT:**

Camper's Name \_\_\_\_\_

Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Sex:  Female  Male  Transgender

Has your child been to Camp Tanner before?

Yes  No

CABIN MATE REQUESTS: Optional (ONE ONLY)

*NOTE: We will do our best to accommodate requests, but they are not guaranteed and we will not put groups of friends together*

**CAMP DATE TO ATTEND:**

May Weekend, 7-15 yrs. old - May 17-20

Int. Co-ed #1, 10- 13 yrs. old - Jul.7-12

Jr. Co-ed #1, 7-10 yrs. old - Jul. 14-19

Int. Co-ed #2, 10-13 yrs. old – Jul. 21-23

Jr. Girls, 7- 10 yrs. Old - July 28-Aug. 2

Sr. Co-ed, 12-15 yrs. old - Aug. 4-9

Jr. Co-ed #2 7-10 yrs. old. Aug. 11-16

ARRIVAL: SUNDAY 3:00 – 4:00pm DEPARTURE:

FRIDAY EVENING 7:00 pm \*\* Campers must

meet age requirements as of Dec. 31, 2019\*\*

### Health Form

Health Card No. \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Does camper suffer from bed wetting  Y  N

Does your camper have any allergies (ex. nuts, gluten, dairy, bees, latex) or dietary restrictions? *PLEASE NOTE: CAMP TANNER IS NOT A NUT FREE ENVIRONMENT. Please indicate if a vegetarian diet is required. If special foods or milk is required, please bring in labeled containers with child's name.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any conditions which we should be aware of in order to provide your child with the best possible care? (ex. ADHD, Anxiety, Sleepwalking, Asthma, hearing difficulties, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child will be bringing with them to camp and what it is used for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Note: All medications will be held and administered by the camp medical personnel. All medications must be in original container with name of medication, child's name and dose instructions*

### Parent/ Guardian Consent

I hereby consent to my child taking part in the activities at Camp Tanner Inc. and being in the care of Camp Tanner's staff team for the registered week. I consent to having medications distributed by Camp Tanner Inc.'s First Aid Staff and to my child being treated for first aid and illnesses by Camp Tanner Inc.'s staff if required. I also consent to my child being transported to, and treated by a doctor in an emergency.

**\*\*PARENT or GUARDIAN SIGNATURE\*\***

I consent to the photo release which allows my child's photo and video to be taken and used for promotional use by Camp Tanner Inc. (for the full photo release policy please see our website)

## Contact Information

Mailing Address

\_\_\_\_\_

\_\_\_\_\_ PC \_\_\_\_\_

e-mail (Please use family e-mail)

\_\_\_\_\_

I consent to my e-mail being used to send information about future Camp Tanner events (ex. Future years' registration, fundraisers, events, etc.)

How did you hear about Camp Tanner?

\_\_\_\_\_

Parent or Guardian #1 Name:

\_\_\_\_\_

Home Phone #

\_\_\_\_\_

Cell Phone #

\_\_\_\_\_

Work Phone #

\_\_\_\_\_

Parent or Guardian #2 Name:

\_\_\_\_\_

Home Phone #

\_\_\_\_\_

Cell Phone #

\_\_\_\_\_

Work Phone #

Secondary Emergency Contact Name: *(List an contact that we can call in an emergency if we cannot contact you. This should be someone who the child can be released to if you cannot be reached in an emergency. Please choose someone other than the 2 parents/guardians listed above)*

\_\_\_\_\_

Relationship to the Camper *(Step-Parent, Friend, Grandparents, Babysitter)*

Phone # \_\_\_\_\_

**Even in an emergency, my child should never be released to:** (please list any persons who could be suspected to try and pick your child up, but do not have legal access to do so)  
*If not applicable please write N/A*

\_\_\_\_\_

## Camp Fees

Registrations will be accepted on a first come first serve basis until the camps are full. Full camps will be noted on camps website. Please don't register for a full week. If your choice of camp is filled, please contact the registrar to see if we can find space to accommodate your camper in another week. If your week becomes full before we receive a complete registration form and payment, the registrar will contact you to try to place your camper in another week.

Please Note: Incomplete registration forms will be returned and campers will not be registered. Complete forms require both pages with all sections complete and 2 signatures.

Please send completed form and registration fee to our registrar at: Mrs. Sandra Schurman  
R.R. 4, Embro, ON N0J 1J0

Phone: (519) 475 4833

Email: [camptanner@execulink.com](mailto:camptanner@execulink.com)

### Registration Fees

May Weekend - \$135.00

Early Bird Prices for Summer (Effective Jan 1-March 31, 2019): \$330 per camper

Regular Fee (Effective if registering April 1, 2019 or later): \$350 per camper

*(Please note all prices are listed with the 13% HST fee already included)*

Please make all cheques out to Camp Tanner Inc.

Confirmations will be e-mailed where possible, all others will be sent by regular mail.

**\*\*\*A current cheque or money order must accompany a fully completed registration form\*\*\***

Special rates are available for families with 3 or more children attending camps during the 2019 season. Please call the registrar for further information.

If your child is unable to attend camp due to unforeseen circumstances, all but \$20 will be refunded. NO REFUNDS AFTER JUNE 30th

## Camper Policies

Camp Tanner provides a safe and enjoyable experience for campers.

Camp Tanner is a smoke, alcohol, drug & electronics free environment.

Respect for staff, fellow campers, property and facilities are expected. We reserve the right to send a camper home for not conforming to these standards or disruptive behaviour. Any campers sent home for inappropriate behaviour may not be considered as a camper in the future nor entitled to any amount of refund. CAMPER AGREEMENT: I understand that I will be expected to meet the above standards.

\_\_\_\_\_  
\*\*CAMPER SIGNATURE\*\*

