



CAMP WEREDALE REGISTRATION 2018



Part 1 Basic Registration Information for ALL campers, all ages.

Name of camper: _____ Age: _____ Male: Female:

Date of birth: ____ / ____ / ____ First language: _____
Day Month Year

Address: _____ City: _____

Province: _____ Postal code: _____ Phone: _____ - _____ - _____

Please fill in which session(s) you would like:

Session 1: June 25 to July 6

Session 2: July 9 to July 20

Session 3: July 23 to August 3

Session 4: August 6 to August 17

****We always leave for Camp on a Monday and return on a Friday****

Parent(s):

Mother's Name: _____ Telephone: _____ - _____ - _____

Address (is different from above): _____

City: _____ Province: _____ Postal Code: _____

Father's Name: _____ Telephone: _____ - _____ - _____

Address (is different from above): _____

City: _____ Province: _____ Postal Code: _____

Guardian/Group Home:

Father's Name: _____ Telephone: _____ - _____ - _____

Address (is different from above): _____

City: _____ Province: _____ Postal Code: _____

Social Worker:

Name: _____ Agency: _____

Telephone: _____ - _____ - _____ Extension No: _____

IN CASE OF AN EMERGENCY:

Name: _____ Relation: _____ Telephone: _____ - _____ - _____

Name: _____ Relation: _____ Telephone: _____ - _____ - _____



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Part 2 Personal Choice Program ONLY for campers, aged 13 to 17 years old.

TO BE FILLED OUT BY CAMPER

Name of camper: _____
First and last name

Date of birth: ____ / ____ / ____ Age: _____ Male: Female:
Day Month Year

For which of the four Personal Choice Program Activities are you applying for? (Check only ONE)

- Sequoia Water Works Sports Camp Me, Myself & Art

Have you ever been a member or participant of a "group" (sports team, art group, after school club, etc.)

Yes/No. If yes, which one: _____

Please answer the following questions:

	A lot	A little	Not at all
Do you like sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like to be outdoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like bugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy water activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like helping others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy being a part of a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a strong swimmer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like water sports, canoeing, kayaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you nervous in the water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like performing, and putting on a show?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like dancing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like painting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

'Personal Letter'

In the following space please indicate why you have chosen the one you have and write some ideas of what you'd like to learn and how you could help make your program choice successful.



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Part 3 Camper's Medical Record for ALL Campers

Camper's Name: _____ Telephone: _____ - _____ - _____

First and last name

Address: _____ City: _____ Province: _____ Postal Code: _____

Date of birth: ____ / ____ / ____ Age: _____ Male: Female:
Day Month Year

Medicare/OHIP card Number: _____ Expiration date: _____

MEDICAL HISTORY: please fill in any that apply

- Asthma Ear Infections Epilepsy Hay Fever Frequent Colds Bed Wetting
- Eczema Eating Disorder Heart Problems Diabetes Sleep Walking

Date of most recent vaccinations: DCT (tetanus): _____ Measles/Mumps/Rubella (MMR): _____

Does the camper have any allergies to: (YES/NO)(if YES, please specify)

- A) Food? _____
- B) Medications? _____
- C) Other? _____

Regular Medication (if yes, name of drug, dose and frequency): _____

This child is in good health, and able to participate in all camp activities: YES NO

If NO, please specify limitations or conditions: _____

Does this child require special equipment? (I.e. glasses, hearing aids etc.): _____

Permission authorized for over the counter medicines (please fill in) YES NO

Name in Print of Person who completed the above information Date

Signature Telephone Number

If your child is a bed wetter, please send a supply of Goodnights'/Pull Ups.

Please ensure that sufficient medication is sent to cover the full duration that the camper is at camp. Dosage and frequency should be clearly indicated on the medication bottle(s).

EVERY CAMPER MUST HAVE A MEDICARE/OHIP CARD TO BOARD THE BUS.

OFFICE USE ONLY

Camp Medic: _____ Administration: _____
Date: _____ Date: _____



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Part 4 Specific Information about the Camper (confidential)

Name of camper: _____
First and last name

GENERAL BEHAVIOUR:

It is helpful to know what, if any, behavior problems for which staff should be prepared to cope. If there is a tendency of withdrawing and/or acting-out behavior, describe the type of behavior and what "triggers" it. What strategies work for you?:

Nature or relationship with peers:

Nature of relationship with adults:

IS THIS CAMPER ANXIOUS ABOUT: *please fill in any that apply*

Insects Water Loneliness Darkness Being Alone

Animals Taking Part in New Activities Being in a Crowd

If you filled in any of the above, please add more details:

Please indicate this camper's:

Likes: _____

Dislikes: _____

Other information you feel may be helpful: _____

Any restrictions in contacts? _____ Please specify: _____

Name of Care Giver who completed this: _____

Telephone number to reach you _____ Email address to reach you _____



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Part 5 Authorizations for ALL campers

Name of camper: _____
First and last name

In case of an emergency and I, the parent cannot be reached, I do hereby authorize the management of Camp Weredale to act in my name in order to provide my child with the required medical and/or surgical care needed.

YES NO

Camp Weredale dispenses non-prescription medication (over-the-counter-drugs) on a need basis. Do you permit your child to receive over-the-counter drugs such as acetaminophen, ibuprofen, anti-nauseates, antihistamine, anti-inflammatory, cough syrup, topical antibiotic, homeopathic products, etc.?

YES NO

Camp Weredale might be taking photos of your child while at camp. These photos may be used exclusively by Camp Weredale for public relations, for which standard precautions of storage and access will be respected. Do you consent to these photos?

YES NO

During the course of the summer, campers at Camp Weredale might leave the camp site for an activity. Do you give your child permission to attend? You will be contacted prior to the outing.

YES NO

- *If your child cannot attend camp, we will refund the total session cost, less a \$25.00 registration fee.*
- *If your child attends part of a camp session and must leave on account of serious illness, partial refunds may be made to the parent, less registration fees, transportations fees and daily rates.*

I have read and accept the information provided by Camp Weredale and give my permission as identified above.

I will notify the camp if there is any change in the information contained in the registration forms after it is sent and the camper arrives at camp.

Parent/Guardian's Name in Printed Characters

Signature

Date



CAMP WEREDALE INFORMATION 2018



Camp Weredale 2018 Information Package

For parents, guardians, social workers and childcare workers

We are pleased to provide you with the following information to help you plan for this summer!

The session dates for summer 2018 are:

First Session: June 25th to July 6th Second Session: July 9th to July 20nd
Third Session: July 23th to August 3th Forth Session: August 6th to August 17th

Our camp fees vary, depending upon where the camper is receiving social service or the family income.

Including registration and canteen, the cost per session is:

- A group rate of \$550 for campers referred from a social service agency;
- A special subsidized rate of \$275 for foster children
- A sliding scale based upon family income. Please inquire at our office for these individual rates

*If the registered camper should not be able to attend camp, we will refund the total session fee, less \$20.00 for registration. If the registered camper attends part of a camp session and must leave because of serious illness, pro rata refunds may be made to the parent, less registration and transportations fees. If a camper is dismissed for misconduct, the camp fee **will not** be refunded.*

Camp fees and all registration forms must be received in advance of the requested camping session(s).

Please take time to complete the registration forms carefully. The information requested is important. Then return all five (5) pages of the Camp Registration Forms as soon as possible as follows:

Prior to June 15th

*Camp Weredale
P.O. Box 96512 Monk
Montreal Quebec
H4E 4P3*

After June 15th

*Camp Weredale
1300 Chemin Weredale
St. Hippolyte, Québec
JA8 0G3*

Should you have any questions, please feel free to contact the Camp office at **450-563-3145**.
Welcome to Camp Weredale and thank you for choosing our camp.

Lynn Hanley
Camp Director

Samantha Jenkins
Associate Director



CAMP WEREDALE INFORMATION 2018



CAMP WEREDALE INFORMATION

Camp Weredale has been operating summer programs since 1934, and has maintained many of the original traditions and philosophies inspired by its founders, by incorporating values such as cooperation, sharing, independence and responsibility into our summer program.

Campers can choose from a wide variety of instructional activities which include sailing, water-tubing, kayaking, canoeing, nature, dance, music, camp-crafts, sports, overnight camping and storytelling.

Our commitment is that both campers and staff will find a healthy, safe, and fun environment that stimulates personal achievements on many different levels. It is a non-smoking camp. We look at every camper individually in creating and developing programs.

1. All illegal drugs, cigarettes and weapons (i.e. knife, sharp objects etc.) are **strictly prohibited**;
2. Campers are asked **NOT** to bring items of value, which may be lost, stolen or damaged such as MP3 players, iPods, digital cameras, jewelry, phones, etc.
3. Parent(s)/guardian(s) **must sign all forms** (medical, authorizations, etc.) before the camper arrives at camp.
4. All campers must have their **Medicare card** at bus departure time for camp.

Camp Weredale will not be responsible for any items, which are lost, stolen, and/or damaged; We reserve the right to ensure that campers dress appropriately and to search personal belongings; No camper will be allowed to remain without all forms duly completed and signed.

Bus Times: Departure **FOR** Camp **FROM** 6 Weredale Park at **10:00 AM**
Return **FROM** Camp **TO** 6 Weredale Park at **12:00 NOON**

****Please arrive 30 minutes before departure time****

Campers really enjoy getting mail from home! The Camp Weredale mailing address is:

*Camp Weredale
1300 Chemin Weredale
St. Hippolyte, Québec
JA8 0G3*

**THE TELEPHONE IS RESTRICTED FOR EMERGENCY USE ONLY.
PARENTS/GUARDIANS MAY CALL AND LEAVE A MESSAGE @ 450-563-3145.
WE WILL GLADLY PASS ON THE MESSAGE TO YOUR CHILD.**

IMPORTANT NOTE:

Please ensure that you have checked your child's head for lice. If head lice are detected upon arrival to camp, your child may be sent home and you will have to provide your own transport after your child is treated.



CAMP WEREDALE INFORMATION 2018



This is a SUGGESTED list of what to bring to Camp

Note: Mark all clothing and personal items with your child's name: Do not allow your child to bring expensive clothing, radios, iPod, cell phones, cameras, jewellery, etc. as Camp Weredale is NOT responsible for personal belongings lost or damaged.

There is a laundry facility located at camp to do campers' laundry. Note that it may rain and going in and out of the lake for water activities might leave campers with fewer clothes to change into than brought up.

Here is a list of suggested things to bring to camp. Use it as a checklist!

Clothing		Bedding	
T-shirts		A laundry bag	
Shorts		A sleeping bag	
Long sleeve shirts		A pillow & pillowcase	
Long pants		A face cloth	
A sweatshirt		A towel	
A swimsuit			
Pyjamas			Other Important Items
Socks		Flashlight	
Underwear			
A raincoat/poncho			Medication
Baseball hat/sun hat			Please label a Ziploc bag containing:
			All medication in its original container
			Medicare card
Toiletries			
Toiletry bag containing the following:			
Toothbrush			
Toothpaste			
Soap			
Shampoo			
Brush			
Deodorant (if applicable)			
Sunscreen			
Insect repellent			
Tampons/sanitary napkins (if applicable)			
Overnights/pull-ups (if applicable)			

**** If the camper has a tendency to wet his or her bed at night, we strongly recommend that you pack 2 blankets and a sheet instead of a sleeping bag****



CAMP WEREDALE INFORMATION 2018



INFORMATION PACKAGE FOR CAMPERS 13-17 YEARS OLD

We are very excited to offer our Personal Choice Activity Program (PCAP) for the 3rd year with resounding success.

Campers will be able to choose one of the four (4) following categories

Sequoia

This program is inspired by the values and traditions of our founding members.

Lead by two leaders, campers will learn camp craft, build and create things that will enhance camp life, and learn outdoor skills. Campers who enjoy the outdoors and want to learn skills that better camp for all campers will love this program.

Water Works

Camp Weredale is a waterfront camp. We offer swimming, water games, canoeing, kayaking, snorkelling and sailing. This program includes all things on the water. All water babies are welcome to participate.

Me, Myself and Art

For those campers with a creative side, we offer dance, music, art and singing to your hearts content.

Sports Camp

Camp Weredale has a full basketball court, dodge ball court, soccer field and archery range. If you like all things sports, this is the program for you.

Campers will be participating in their Personal Choice Activity Program (PCAP) 3 times a day. One of these activities will focus on self-esteem and leadership.

Participation is compulsory.

Lynn Hanley
Camp Director

Samantha Jenkins
Associate Director