



2010 CAMP SUNRISE REGISTRATION - Farm Discovery (5-7 yrs.) (Max. 18 per session)

Child's Name:	D.O.B. ____/____/____ day/mm/year	Male <input type="checkbox"/> Female <input type="checkbox"/>	Email: _____ Home ☎ #: _____
Complete Address: (Str., City, Prov. P.C.)			
.....			
Mother's Name: _____		☎ Cell: _____	☎ Work: _____
Father's Name: _____		☎ Cell: _____	☎ Work: _____
Who Is Legally Responsible for the Camper? _____		☎ H: _____	☎ Other _____
Other people authorized to pick up this child, (name & phone #): <i>(For safety reasons, Sunrise will NOT release your camper to anyone who is not listed:</i>			

SESSION DATES - Please Circle Camp Selection(s)

1A - Monday, July 5 – Friday, July 9	\$185	3A* - Tuesday, August 3 – Friday, August 6	\$150
1B - Monday, July 12 – Friday, July 16	\$185	3B - Monday, August 9 – Friday, August 13	\$185
2A - Monday, July 19 – Friday, July 23	\$185	4A - Monday, August 16 – Friday, August 20	\$185
2B - Monday, July 26 – Friday, July 30	\$185	4B - Monday, August 23 – Friday, August 27	\$185
<p>Note: Session 3A* – Mon. Aug. 2nd Civic Holiday (no camp) Sessions 2A, 2B, 4A & 4B – Interdenominational Christian Camps Older children may be considered – cognitive age being taken into account. All campers are grouped appropriately according to age.</p>			

PAYMENT ENCLOSED: \$ _____ Cheque Cash Payment Credit Card: VISA MC

▪ All **cheques** made payable to Camp Sunrise. ▪ **VISA & Mastercard** accepted. *Spaces cannot be reserved until payment is received or scholarship has been confirmed with Sunrise office. **Note:** \$45 admin. Fee will be charged for NSF cheques. **The client will be notified immediately, and their space reserved for 1 week while sufficient funds are obtained.**

I have enclosed payment in full (not post-dated) I have enclosed 50% of total PLUS a cheque for the balance dated May 3, 2010. (Applies to those registering after Jan. 29, 2010) I shall contact Sunrise about applying a financial scholarship. **Note:** All scholarship applications must be received by April 1, 2010.

CANCELLATION POLICY:

-Before Friday, May 21, 2010 campers may receive a full refund less a \$35 administration fee.
 -After Friday, May 21, 2010 full refunds (less \$35 admin. fee) will only be given in situations where an unforeseen emergency or health concern is involved. All other situations will receive a 75% refund "**ONLY IF**" the space is filled by another camper.

IMPORTANT NOTE: Complete this information so your child receives his/her T-Shirt

A Camp T-shirt is included in the registration fee. PLEASE CIRCLE SIZE BELOW

Youth Sizes: X-S Small Medium Large

**(Please Read Carefully) General Camp Sunrise Policies:
HEALTH & SAFETY INFORMATION**

*Check here if your child requires a life jacket (Max. depth of swimming pool is 5 ft.) **Note: If your child does not swim independently, he/she will be required to wear a life jacket.** Indicate Swimming Level / Ability: _____
Inflatable rings & armbands are not acceptable

Allergies (specify): _____

General Health / Health Concerns: _____

Does Your Child Have Special Needs? (Diagnosis: Please Detail) *If yes, please complete a Personal Profile Form & attach it to this application for your registration to be processed*

Has your child attended Camp Sunrise Before: Yes No (*Specify Date & Year if Yes) _____

Did they have a personal support care worker: Yes No

Behavioural / Emotional Concerns: _____

Medications (specify): _____ (Must be clearly labeled)
Please note that Sunrise staff cannot dispense any prescription or over-the-counter medicine without specific written parental consent

Health Card #: _____ Family Physician: _____ 

PLEASE READ:

- Campers who require 1 on 1 supervision or personal care support will be required to provide their own experienced caregiver other than a parent, guardian or family member. The 'family member' exception may be waived in regard to specific disabilities & circumstances. This is a staff decision and must be discussed with the Camp Director prior to camp.
- Camp staff will meet with new campers with special needs or health concerns before camp begins.
- Sunrise reserves the right to not accept a camper whose behaviour may adversely affect other children, or whose medical assessment will preclude them from group riding activities in Riding Camp.

EMERGENCY INFORMATION

Name of person, other than parent, who may be contacted in case of emergency:

Name: _____ Phone: (____) _____ Relationship to camper: _____

If the camper should need emergency medical treatment and Sunrise staff are unable to contact me or our emergency contacts, I give consent for the staff to act on our behalf, on the understanding that every effort will continue to be made to reach the emergency contacts.

Signature of Parent / Guardian

Date

WAIVER AND PHOTO RELEASE FORM

Recognizing that horseback riding and working around horses is a risk sport, and that every precaution shall be taken to ensure the good welfare and protection of the participants, Sunrise, its board of directors, staff members and volunteers are released from any and all liability in the event of any accident or misfortune that may occur on the Sunrise farm or any location where a Sunrise activity is being supervised. Recognizing that Sunrise holds liability insurance, I/we the undersigned intend to be legally bound for myself, my heirs, executors and administrators and waive and release any and all rights and claims for damages of whatsoever kind which I may have, or may hereafter occur to me against Sunrise and all its affiliates.

Sunrise may use pictures or videotape of my child in public display and promotion (may include Sunrise website). Yes___ No___

I understand and agree to the above terms and conditions.

Signature of Parent / Guardian

Date

How did you hear about Camp Sunrise?
