

Please return application to:  
Camp Diamond  
450 Rathburn Rd  
Toronto, ON M9C 3S6  
Fax: 617-202-9289



## CAMP APPLICATION SUMMER 2011

Name: \_\_\_\_\_  
Given MI Surname

Preferred to be called: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade as of July 1: \_\_\_\_\_ Gender: M F

How did you hear about us? \_\_\_\_\_

<u>Please check appropriate session for attendance:</u>	<u>Rates include HST &amp; one camp T-Shirt.</u>
<b><u>Introduction to Girls Camp (ages 5-6)</u></b>	\$395
<input type="checkbox"/> Session Y Wednesday July 6-Sunday July 10	
<b><u>One Week Girls Camp (ages 6-14)</u></b>	\$795
<input type="checkbox"/> Session I Sunday July 10 – Sunday July 17	
<input type="checkbox"/> Session Ia Sunday July 31 – Sunday August 7	
<b><u>Two Week Girls Option (ages 6-14)</u></b>	\$1600
<input type="checkbox"/> Session II Sunday July 10 – Sunday July 24	
<input type="checkbox"/> Session IIa Sunday July 31 – Sunday August 14	
<b><u>Three Week Girls Option (ages 6-14)</u></b>	\$2200
<input type="checkbox"/> Session III Sunday July 10 – Sunday July 31	
<b><u>Four Week Girls Option (ages 6-14)</u></b>	\$2600
<input type="checkbox"/> Session VI Sunday July 10 – Sunday August 7	
<b><u>Five Week Girls Option (ages 6-14)</u></b>	\$2800
<input type="checkbox"/> Session V Sunday July 10 – Sunday August 14)	
<b><u>Girls CIT Program (Ages 15-16):</u></b>	\$2950
<input type="checkbox"/> Session CIT Saturday July 10 – Sunday August 14	

First Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are there any specific directions regarding custody? \_\_\_\_\_

Please complete reverse side.

**If your camper has any cabin mate requests, please include them below.**

**PAYMENT INFORMATION**

Payment may be made in full or monthly by cheque or credit card. **Full payment is due by May 1.** A deposit of \$500 per camper is required with the completed registration form. Applications will not be processed without receipt of the deposit(s).

**PLEASE SELECT FORM OF PAYMENT**

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ CHEQUE \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

Please make cheques payable to: **CD Recreation Inc.**

**PLEASE SELECT PAYMENT METHOD:**

Initial Deposit. Please send invoice.

Full Payment – (non-refundable deposit & Camp Enrolment Fee)

Initial Deposit and 3 easy payments on: March 1, April 1, May 1.

**Conditions of Enrolment**

**Deposit:** A deposit of \$500 (or \$250 for Introduction to Girls Camp Program) is required with each application. The **remainder of the camp fee** plus any additional fees (including transportation, tuck, activity fees, special trip fees) will be **due in full by May 1.** All deposits are refundable up to April 15, less a \$300 (\$175 for Introduction to Girls Camp) administrative fee. After April 15, there are no refunds for any reason.

**Dismissal:** The Director reserves the right to dismiss any camper, who in her opinion, feels it is in the best interest of the camper, the camp or both. There will be NO refund of fees for campers dismissed from camp or for campers arriving late or leaving early in the time enrolled.

**Medical:** Every precaution is taken for the safety and good health of our campers, but, in case of accident or sickness, the camp or its staff members cannot assume liability. All campers must be covered by Ontario Health or equivalent medical insurance.

In case of surgical emergency and we are not immediately available for consultation, I hereby give permission to the physician selected by the Camp Directors to hospitalize, secure proper treatment for and order injections, anaesthesia or surgery for my child as named on this application form.

If for any reason my child requires medical attention or special medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. I will also notify the camp if my child has any potentially life-threatening allergies, food sensitivities or becomes exposed to any infectious disease between now and the departure for camp.

I am aware that if my camper arrives at camp with an infectious, communicable disease or health nuisance (ie: lice, chicken pox, scabies), she will be quarantined and I understand that I will be contacted for her pick-up. This is for the safety of all campers and staff at camp. I also understand that I will not receive a refund of any camp fees.

In registering and permitting my child/ward to attend Camp Diamond, I the undersigned parent/guardian hereby agree to permit my camper to participate in the full range of camp activities.

**Media:** I give permission for the camp to use photos and video of my child for promotional purposes.

I have read and completed the application form. I consent to and accept all terms and conditions therein noted.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Information regarding personal health forms, transportation, packing lists, personal information forms will be provided will be sent well before the beginning of camp.