



PA Day & March Break Camp 2020 Application Form For Boys and Girls SK - Grade 8

Camper (1) _____ male female grade _____ age _____ birthday _____
(First) (Last) (as of 2019/20 school year) (day/month/year)

Camper (2) _____ male female grade _____ age _____ birthday _____
(First) (Last) (as of 2019/20 school year) (day/month/year)

Camper (3) _____ male female grade _____ age _____ birthday _____
(First) (Last) (as of 2019/20 school year) (day/month/year)

Camper was with us for the 2019 summer camp season and **all medical, personal and emergency information is unchanged.**

Parent(s) Name(s): _____ Ph: _____
 Address: _____ Cell: _____
 Email: _____ Work: _____

Camp Information

Please select which camp(s) your camper will be attending:

2020 PA Day Camps

PA Day camps feature (weather permitting) time with the horses and/or horseback riding, and some of the following programs: hay rides, farm animal visits, archery for certain age groups, camp fire, all camp games, crafts, make new friends and much more!

- Fri. January 24th
- Fri. March 6th
- Fri. June 5th

2020 March Break Day Camp March 16 to 20

Transportation Information

****Please note: Bus stop times and availability are based on camper enrollment. You will receive an email a few days prior to camp confirming exact a.m. and p.m. times. Some locations may be subject to change.**

PA Days & March Break Bus Stops:

- Masonville Public School 25 Hillview Rd. (loading zone behind school)
- Ryerson Public School 940 Waterloo St.
- Wortley Public School 301 Wortley Rd. (on Briscoe St.)
- Southwest Optimist Park 682 Southdale Rd. West, near Bostwick Rd.
- Byron Northview P.S. 1370 Commissioners Rd West. (on Stephen St.)
- Oakridge Centre Hyde Park Rd. (beside CIBC off Royal York Rd.)

- Circle R Ranch-Drop Off (9:00 a.m.)** 3017 Carriage Rd. - lower entrance
& **Pick Up (4:15 p.m.)**

Who will be dropping off/picking up your camper? _____

Fees and Payment Information

Total fee for day camper(s): \$ _____ Per Camper: \$79/PA Day; \$395 March Break Camp
 Today's payment: \$ _____ by Cheque Visa MasterCard

Credit Card Information: Name on Card _____
 Card # _____ Expiry ____/____ CVD # _____

My signature below indicates information on this application form is complete and accurate. I understand my camper will not be fully registered until all portions of this application and the **PA Day/March Break Camper Information/Medical Form** have been completed online or submitted to the camp office.

Refund policies: For March Break Camp: before **Feb 1st**, a \$50.00 administration fee is levied on all cancellations. After **Feb 1st** deposits are non-refundable. For PA Day Camps: all cancellations must be at least one week prior to the camp date. After that date fees are non-refundable.

The **March Break Day Camp Fee balance is due March 1st** and is non-refundable after this date.

I understand Circle R Ranch may use pictures taken at camp in promotional materials. Please contact the camp office with any questions.

Signature _____ Date _____



PA Day/March Break Camp Camper Information and Medical Form 2020

_____ Male New Camper
 CAMPER (Last name) (given name commonly used) Female Returning Camper

Birthdate: (mm/dd/yy) _____ Age _____ Grade in 2019/2020 School Year _____ School _____

PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital Status of camper's parents/guardians: Single Married Separated Divorced Common Law Other _____

Legal Custody: Please indicate who has custody and is legally responsible for this camper (be sure to include their contact information below):

Both Parents (live together) Joint Custody (live apart) Mother Father Other _____

Camper lives with: Both Parents Father Only Mother Only Other (Specify): _____

Are there any custody concerns we should be aware of? _____

PLEASE LIST IN ORDER WHO SHOULD BE CONTACTED IN CASE OF ILLNESS OR MEDICAL EMERGENCY:

First contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

Home Tel. # _____ Work Tel. # _____ Cell _____ Summer # _____ Relationship to Camper _____

Second contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

Home Tel. # _____ Work Tel. # _____ Cell _____ Summer # _____ Relationship to Camper _____

Third contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

Home Tel. # _____ Work Tel. # _____ Cell _____ Summer # _____ Relationship to Camper _____

RIDING EXPERIENCE

Has your camper ever been trail riding or taken lessons? Please describe: _____

Does your camper have any hopes, fears or concerns about riding? _____

What horse(s) did your camper ride last year? _____

Would your camper like to request a horse? _____

We try our best to accommodate, but cannot guarantee your request.

HEALTH CARE INFORMATION

Camper's Health Card Number _____ Version Code _____ Camper's Height _____ Camper's Weight _____

Please note: Campers found to have **head lice** on arrival will be sent home until matter has been resolved. There will be no refund of camp fees. **Please do a head lice check on your child regularly and within 3 days before arriving at camp.**

IMMUNIZATION HISTORY:

Are your camper's immunizations up to date including tetanus? Yes No

Are there immunizations you have chosen not to give your camper? Yes No – specify _____

DIETARY NEEDS OR RESTRICTIONS: Vegetarian Lactose Intolerant Other: _____
Please note, Circle R Ranch meals and snacks are peanut and tree nut-free. All dietary concerns must be listed here prior to the start of the session. Information regarding the special dietary needs will be shared with the kitchen staff.

ALLERGIES: Please be specific, attach separate page if necessary.

Does your camper have any allergies/do they suffer from asthma? Yes No Specify: _____

Does your camper require an Epi-Pen Yes No for the following allergy. _____

If camper requires an Epi-Pen, he/she must bring at least one to camp. (two Epi-Pens are recommended)

MEDICATIONS: Will any medications be sent to camp? No Yes - please list medications and instructions:

OTHER: Does your child have any other physical, health, developmental, behavioral, or emotional condition that may affect his/her ability to participate in camp activities or about which we should be aware to ensure a successful time at camp? No Yes

If yes, give details: _____

GROUP MATES: Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list:

*(Please list a maximum of two persons who are your camper's **AGE and GRADE** in school. Please list your names in order of preferences. Each request **must be reciprocated** in order to be considered. For a variety of reasons, group mate requests are **NOT** guaranteed.)*

CAMPER INFORMATION:

1) What is your child most excited for at camp? What does he/she want to gain from his/her camp experience?

2) Notes / Other Comments: (please feel free to attach a separate page, or contact us with any further information)

AUTHORIZATION

I approve my child's participation in all camp programs and activities unless I the parent/guardian, advise Circle R Ranch in advance, in writing.

If for any reason my child requires medical attention or special medication beyond that furnished by Circle R Ranch, I authorize the camp to authorize on my behalf to take whatever steps deemed necessary to ensure the safety and health of my child. Such action is to be taken only when immediate contact with the undersigned or emergency contacts cannot be made.

I grant Circle R permission to use any photographs or videos taken of my child in promotional materials.

I understand that camp is an "unplugged" environment, and my camper will not bring any electronic devices such as , cell phones, gaming devices or any other personal electronic devices to camp.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

Signature of Parent or Guardian

Date