

Camper Health Information:

Name: _____ Family Physician's Name _____
 OHIP: _____ Family Physician's Number: _____
 Other Health Insurance: _____ Policy Number: _____

Immunizations: Please check all that are up-to-date
 Diphtheria/Tetanus Polio Measles/Mumps/Rubella Hep B

Life Threatening Allergies: Does your camper have a life threatening allergy that requires an Epi-Pen?
 Yes No If 'Yes', allergic to: _____ Reaction: _____

If your camper does require an Epi-Pen, they must carry theirs on them at all times.

Medication: Will your camper be bringing any medication to camp? (Note: Medication includes prescriptions (including birth control), over the counter drugs (including Tylenol and Benadryl, vitamin supplements, and homeopathic remedies)
 Yes No If 'Yes', please provide details: _____

There will be a separate form to be filled out at the time of arrival dealing with dosages, administration and reason. Medication must be in its original container (i.e. pill bottle from pharmacy). If a prescription, the label must have the camper's name

MEDICATION ADMINISTRATION AUTHORIZATION
 I authorize Bark Lake to administer my child's **provided** medication(s)
 Parent/ Guardian Name: _____ SIGNATURE: _____

Please check any of the following that may be of concern while at camp:
 Seasonal Allergies Heat Sensitivity Sun Sensitivity Ear Infection Frequent colds
 Sleep Walking Regular Medications Heart Condition Epilepsy Asthma
 Bed-Wetting Nose Bleeds Operations (recent) Serious Injury (recent) Emotional Needs
 Diabetes Sinus Troubles Headaches/Migraines

Please provide us with any additional information that may be useful to SOLE staff or an emergency physician.
 (Attach additional sheets if necessary).

Please list two separate contacts (other than parents or legal guardians) that can be reached in case of an emergency:
 Name: _____ Name: _____
 Relationship to Camper: _____ Relationship to Camper: _____
 Day Time Tel: _____ Day Time Tel: _____
 Evening Tel: _____ Evening Tel: _____
 Cell: _____ Cell: _____

Dietary Needs:

Gluten Allergy Peanut Allergy Shell Fish Allergy Tree Nut Allergy
 No Beef No Pork No Fish Lactose Intolerant
 Halal Kosher Vegetarian (please specify) Vegan
 Other Food Allergies or Dietary Needs -- _____

Parent / Guardian Information:

Name: _____ Street Address: _____ City: _____
 Prov: _____ Postal Code: _____ Please mail invoice to this address
 Please send SOLE related mail here
 Primary Tel: _____ Secondary Tel: _____ Cell: _____
 Email: _____ Please send SOLE related email to this address
 Will you be away from the above address during your camper's stay? If so, please provide an alternative contact number

Alternative Tel: _____

Name: _____ Street Address: _____ City: _____
 Prov: _____ Postal Code: _____ Please mail invoice to this address
 Please send SOLE related mail here
 Primary Tel: _____ Secondary Tel: _____ Cell: _____
 Email: _____ Please send SOLE related email to this address
 Will you be away from the above address during your camper's stay? If so, please provide an alternative contact number

Is there a separation or divorce in the immediate family? Yes No

If so, which parent has legal custody of your camper?

Aside from the listed Parents / Guardians, who else is authorized to pick up your camper from camp? _____

Please check all the boxes that applies to your child's personality:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Competitive	<input type="checkbox"/> Creative	<input type="checkbox"/> Easy Going
<input type="checkbox"/> Energetic	<input type="checkbox"/> Focused	<input type="checkbox"/> Happy	<input type="checkbox"/> Has Trouble Keeping Friends
<input type="checkbox"/> Impatient	<input type="checkbox"/> Makes Friends Easily	<input type="checkbox"/> Mature	<input type="checkbox"/> Moody
<input type="checkbox"/> Needs Time Alone	<input type="checkbox"/> Quiet	<input type="checkbox"/> Seeks Attention	

Is there anything that we have missed and should be aware of?
 (Attach additional sheets if necessary).

Parent / Guardian Authorization:

Please read and initial beside each of the following:

_____ My camper is physically able to participate in all camp activities (unless otherwise stated in Registration Package)

_____ All medical concerns of conditions requiring 'supervision or care' are fully noted in Registration Package. This includes any daily medications.

_____ I give permission for health information in this package to be shared with the appropriate camp staff and outside medical personnel as necessary.

_____ In case of accident or emergency, I authorize the Program Director, or designate, to sanction all procedures they may deem essential for the immediate care and well-being of my camper. Such actions are to be taken only if all of my camper's emergency contacts are unavailable for immediate consent.

_____ I permit my child to participate in the full range of activities offered at Bark Lake. These may include archery, swimming, canoeing, kayaking, out-trip, hiking, challenge days, camp Olympics, leadership training, low ropes, initiatives and High Ropes/Challenge Course.

_____ Bark Lake Leadership Centre may collect, retain, use and disclose any of my or my camper's personal information for program related purposes. Under the guidelines of privacy protection, all personal information will be restricted to Bark Lake use.

_____ I give permission for Bark Lake to use photos and video of my child for promotional purposes without compensation

In signing below, I hereby agree that I have accurately disclosed all pertinent information.

Parent/Guardian's Name _____ Signature: _____ Dated: _____

Certification and Workshop Interest:

Please check the Certifications and Workshops you are interested in. Bark Lake will be offering Certifications and Workshops based on camper interest and instructor availability. Finalized selections will be posted on our website in late May. For more information on Certification & Workshop descriptions and prerequisites, please see our course catalog, available at www.barklake.com/SOLE.html
 Please check the boxes for the workshops and certifications your camper is interested in:

Certifications:

- | | |
|--|--|
| <input type="checkbox"/> Bronze Cross | <input type="checkbox"/> Bronze Medallion |
| <input type="checkbox"/> ACUC Snorkeling | <input type="checkbox"/> ORCKA Flatwater (Canoe) |
| <input type="checkbox"/> ORCKA Flatwater (Kayak) | <input type="checkbox"/> Green Check (GPS) |
| <input type="checkbox"/> Can Bow (archery) | <input type="checkbox"/> Safe Hiker |
| <input type="checkbox"/> Leave No Trace Educator | |

Workshops:

- | | |
|--|--|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Paddle Making |
| <input type="checkbox"/> Survival Skills | <input type="checkbox"/> Acoustic Guitar |
| <input type="checkbox"/> Geocaching | |

Is there any additional Certification or Workshops you would be interested in participating in? Please list them here.

Registration and Payment Information:

Please indicate your preferred session

ONE WEEK SESSIONS

\$795

- July 4 - July 10
- July 11 - July 17
- July 18 - July 24
- July 25 - July 31

TWO WEEK SESSIONS

\$1637

- July 4 - July 17
- July 18 - July 31

FOUR WEEK SESSION

\$3345

Youth Facilitator in Training
 July 4 - July 31

(Additional information is required for this program; please visit our website for details)

TAX (13% HST)

\$103.35

\$212.81

\$434.85

Total

\$898.35

\$1849.81

\$3779.85

DEPOSIT (Required with registration)

\$449.17

\$924.90

\$1889.92

Please make checks payable to "Bark Lake Leadership Centre". Payments may also be made with VISA or MasterCard:

NAME on card

Card Number:

Expiry Date:

Please charge to my credit card the deposit (required to complete registration) on

Please charge the remaining balance to my credit card on (**Before session start date)

Please read and initial beside the following, then sign the bottom:

- _____ I understand that if the course I have registered for does not meet minimum camper registration, the course is subject to cancellation
- _____ Bark Lake reserves the right to decline or cancel my registration at any time.
- _____ A deposit of 50% of my total balance must be received to complete my registration.
- _____ Checks returned with 'Non Sufficient Funds' are subject to a fee of \$30.
- _____ I understand that if my camper leaves part-way through the session (**for a non-medical reason**) I will not be entitled to a refund
- _____ I certify that, to the best of my ability, all information in this package is accurate and up to date.

In signing below, I hereby agree to all conditions of payment registration.

Parent/Guardian's Name _____ Signature: _____ Dated: _____