



# CIT APPLICATION FORM

## HEALTH INFORMATION

HEALTH CARD NUMBER: \_\_\_\_\_

EMERGENCY CONTACT (different from above):

NAME

RELATIONSHIP

ADDRESS

PHONE NUMBER

MEDICAL HISTORY (check all that apply):

- |                          |                |                          |         |                          |                  |
|--------------------------|----------------|--------------------------|---------|--------------------------|------------------|
| <input type="checkbox"/> | Chicken Pox    | <input type="checkbox"/> | Mumps   | <input type="checkbox"/> | Previous Surgery |
| <input type="checkbox"/> | Hepatitis      | <input type="checkbox"/> | Asthma  | <input type="checkbox"/> | Hearing Trouble  |
| <input type="checkbox"/> | Whooping Cough | <input type="checkbox"/> | Measles | <input type="checkbox"/> | Other _____      |

IF FEMALE, HAS MENSTRUATION BEGUN? \_\_\_\_\_

IF YES, ANY PROBLEMS? \_\_\_\_\_

PHYSICAL OR EMOTIONAL PROBLEMS? \_\_\_\_\_

BED WETTER? \_\_\_\_\_

SERIOUS FEARS? \_\_\_\_\_

SPECIAL TREATMENTS, INJECTIONS, DIETS, MEDICATIONS TO BE ADMINISTERED AT CAMP (please be specific, give medication name, dose and reason for taking): \_\_\_\_\_

ANY REQUIRED MATERIALS OR MEDICATIONS SHOULD BE BROUGHT TO CAMP IN SUFFICIENT QUANTITY TO LAST THE STAY.

OTHER INFORMATION THAT MAY BE USEFUL TO CAMP STAFF: \_\_\_\_\_

IMMUNIZATION STATUS AND DATES (if possible):

Polio:

MMR:

Tetanus:

TB:

Hib:

Diphtheria:

DRUG ALLERGIES: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

SPECIAL NEEDS (e.g. special menu - vegetarian, kosher) \_\_\_\_\_

PHYSICIAN:

NAME

ADDRESS

ADDRESS

PHONE NUMBER



# CIT APPLICATION FORM FEES

**CANADIAN FEES:**

\*CIT CAMP FEES ARE CDN \$775.00 + GST = \$821.50.

**AMERICAN FEES:**

\*CIT CAMP FEES ARE US \$800.00.

\* ALL APPLICATION FORMS MUST COME WITH DEPOSIT OF \$200.00.

**BUS FEES:**

BUS FEES ARE \$40.00. WE ARE NOW USING COACH BUSES. YOU MUST INCLUDE THE \$40.00 FEE WITH YOUR FINAL PAYMENT.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE. MY CHILD IS IN GOOD HEALTH AND HAS NOT BEEN EXPOSED TO ANY INFECTIOUS DISEASE IN THE LAST FOUR WEEKS. IF CAMPER BECOMES EXPOSED BETWEEN NOW AND THE TIME OF CAMP OPENING, I UNDERSTAND THAT CAMP STAFF MUST BE NOTIFIED. WHILE SORCERERS SAFARI INC. AND ITS STAFF WILL MAKE EVERY REASONABLE EFFORT TO ENSURE THE SAFETY OF CAMPERS; I REALIZE THAT THERE IS A CERTAIN ELEMENT OF RISK INHERENT IN MY CHILD'S PARTICIPATION IN THE ACTIVITIES OF THE CAMP. IN THE CASE OF A SURGICAL EMERGENCY AND WHERE WE ARE NOT IMMEDIATELY AVAILABLE FOR CONSULTATION, I HEREBY GIVE PERMISSION TO THE CAMP ADMINISTRATION TO SECURE THE NECESSARY TREATMENT AND TO GIVE THE NECESSARY CONSENT.

I GIVE PERMISSION TO SORCERERS SAFARI INC. TO USE PHOTOS OR VIDEO OF MY CHILD TO PROMOTE THE CAMP OR CAMP ACTIVITIES ONLY. I HAVE READ THE REGISTRATION FORM AND ACCEPT THE CONDITIONS OF ENROLMENT.

PLEASE INITIAL HERE THAT YOU HAVE READ THIS OVER AND UNDERSTAND: \_\_\_\_\_

**PAYMENT:** Please make all Canadian cheques payable to Sorcerers Safari Inc. and U.S. cheques payable to Mike Segal and mail with completed registration form, copy of birth certificate and camper photo to:

**Sorcerers Safari Inc.**  
389 Manor Road East  
Toronto, ON M4S 1S9  
(416) 322-1442

# CIT APPLICATION FORM

## POLICIES AND TERMS OF ENROLMENT

1. No verbal registrations can be accepted.
2. Each application must be completed in full and signed by a parent/legal guardian and camper.
3. If arriving at camp from outside Canada, a valid passport must accompany your camper.
4. The application must be accompanied by a deposit cheque in the amount of \$200.00 or more. Make all Canadian cheques payable to Sorcerers Safari Inc. and U.S. cheques payable to Mike Segal.
5. **CANCELLATION:** There will be an administration charge of \$100.00 on all cancellations made prior to July 1st, 2007. There will be an administration charge of \$200.00 on all cancellations made between July 1st and and July 31st, 2007. After August 1st, 2007 there will be no refund.
6. Fee reductions will not be made for campers arriving late, leaving early, missing part of camp or who provide their own transportation to or from camp.
7. Sorcerers Safari Inc. reserves the right to dismiss a camper if it is thought to be in the best interest of the camper or the camp. There will be no refund of fees if a camper is dismissed for infractions due to alcohol, drugs, tobacco, stealing or campers jeopardizing the safety and well being of themselves and others. Camp rules in these areas have been provided in your registration package.
8. Every step is taken to ensure the safety and health of each camper. In the event of sickness or accident, however, the camp cannot assume liability. It is the responsibility of the parents to ensure that the medical/personal information form is filled out in full and the completed form, along with any medications accompanies the camper to camp on opening day.
9. In the event of an emergency and/or special treatment, parents will be notified immediately. If the parents cannot be reached, permission is hereby given to Sorcerers Safari Inc. to take whatever steps it deems necessary to ensure the safety and health of the camper. The cost of all prescription drugs will be paid for by parents/guardians of the camper.
10. Although every effort is made to return lost or misplaced articles, the camp cannot be held responsible for lost or stolen property during camp session or while in transit.
11. Cancelled cheques are proof of payment.
12. An administration charge of \$20.00 will be levied for every NSF cheque.

By my signature, I certify all the information given by me on this application is true in every respect. I agree that if any of the information provided by me on this application is in any way false it will constitute sufficient cause for the denial of employment by Sorceres Safari Inc. By my signature, I authorize Sorcerers Safari Inc. to use any of the information provided by me on this application to verify my past employment, work performance, character and reputation.

SIGNATURE: \_\_\_\_\_  
CAMPER

DATE:        /        /  
YEAR      MONTH      DAY

SIGNATURE: \_\_\_\_\_  
PARENT/LEGAL GUARDIAN

DATE:        /        /  
YEAR      MONTH      DAY

**ADMINISTRATIVE USE ONLY**

DATE: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_

DATE: \_\_\_\_\_ PAID IN FULL: \_\_\_\_\_

BUS: \_\_\_\_\_  
 \_\_\_\_\_









