

# SORCERERS SAFARI CIT APPLICATION FORM

Tuesday August 31<sup>st</sup>, 2010 – Sunday September 5<sup>th</sup>, 2010  
ADDRESS ALL APPLICATIONS TO:



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

CIT's Photo

**PARENTS & CAMPERS: PLEASE COMPLETE THE FOLLOWING IN PEN AND BLOCK PRINTING.  
APPLICANT MUST BE BETWEEN 16 & 20 AND MUST ATTACH A COPY OF THEIR BIRTH CERTIFICATE.**

## CAMPER INFORMATION – PLEASE INCLUDE PHOTO

CAMPERS NAME: LAST:  FIRST:  GENDER  MALE  FEMAL

PREFERRED NAME (if different from above):  SIN #

BIRTHDAY:  AGE AT CAMP:   
YYYY/MM/DD

ADDRESS:

PARENTS NAMES:

HOME PHONE:  BUSINESS PHONE:

CELL PHONE:  PAGER

PARENTS EMAIL:

CAMPERS EMAIL:

PLEASE INDICATE WHY YOU WANT TO BE A CIT AND WHAT CHARACTERISTICS YOU POSSESS THAT WOULD MAKE YOU A GREAT CIT  
(point form is acceptable)

**TRANSPORTATION:** Indicate how you will be arriving and departing Camp White Pine.

- Bus to Camp from York Mills (\$40)       Bus from Camp to York Mills (\$40)  
 Camper dropped off at camp       Camper will be picked up  
 Camper will require transportation from the airport to camp (\$45). (contact office before booking flight)  
 Camper will require transportation from camp to airport (\$45).

# 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 <input style="width: 300px; height: 20px;" type="text"/> |

PHYSICAL OR EMOTIONAL PROBLEMS?

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):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Polio <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> MMR <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Tetanus <input style="width: 80px; height: 20px;" type="text"/>    |
| <input type="checkbox"/> TB <input style="width: 80px; height: 20px;" type="text"/>    | <input type="checkbox"/> Hib <input style="width: 80px; height: 20px;" type="text"/> | <input type="checkbox"/> Diphtheria <input style="width: 80px; height: 20px;" type="text"/> |

DRUG ALLERGIES:

FOOD ALLERGIES:

SPECIAL NEEDS (e.g. Special menu – vegetarian, kosher)

PHYSICIAN:

NAME  PHONE NUMBER

ADDRESS

**CIT APPLICATION FORM**  
**PERSONAL INFORMATION**

HOW LONG HAVE YOU BEEN INTERESTED IN MAGIC?

HAS YOUR CAMPER HAD ANY LESSONS?  YES  NO

IF YES, WITH WHOM AND FOR HOW LONG:

WOULD YOU CONSIDER YOURSELF:  Novice  Intermediate  Advanced

SWIMMING ABILITY:  Beginner  Intermediate  Advanced

BADGE LAST RECEIVED:

PERSONALITY CHARACTERISTICS (Please check all that apply):

Confident  Independent  Quiet  Sensitive

Fun Loving  Outgoing  Reserved  Thoughtful

Other

PREVIOUS CAMP EXPERIENCE

**REFERENCE INFORMATION**

HAVE YOU EVER BEEN CHARGED WITH OR FOUND GUILTY OF A CRIMINAL OFFENCE?  YES  NO

NAME ANY OF SOCERERS SAFARI STAFF MEMBERS WHOM YOU HAVE KNOWN FOR MORE THAN TWO YEARS:

REFERENCES

1. NAME:  RELATIONSHIP:

ADDRESS:  PHONE NUMBER:

2. NAME:  RELATIONSHIP:

ADDRESS:  PHONE NUMBER:

3. NAME:  RELATIONSHIP:

ADDRESS:  PHONE NUMBER:

## CIT APPLICATION FORM FEES

**BUS FEES:** BUS FEES ARE \$40.00 TO AND FROM YORK MILLS. BUS FEES ARE \$45.00 TO AND FROM THE AIRPORT. YOU MUST INCLUDE THE FEE WITH YOUR FINAL PAYMENT

**CAMP FEES:**

**Canadian:** CDN \$800 DUE IN FULL BY JULY 1<sup>st</sup>, 2010. Cheque payable to Sorcerer's Safari Inc.

**US:** USD \$775 DUE IN FULL BY JULY 1<sup>st</sup>, 2010. Cheque payable to Mike Segal

**NOTE: A PASSPORT IS NOW REQUIRED FOR RE-ADMITTANCE TO THE U.S**

**\*ALL APPLICATION FORMS MUST COME WITH DEPOSIT OF \$200**

**POSTDATED CHEQUES ARE ACCEPTED (DATED JULY 1<sup>st</sup> 2010)**

**PAYPAL:** THERE IS AN ADDITIONAL \$40 FEE IF PAYING BY PAYPAL. PLEASE ADD TO TOTAL

**STEPS FOR PAYING VIA PAYPAL:**

1. Open a browser and type in <http://www.paypal.com>
2. Find the SEND MONEY line and click on that link
3. You will now be instructed to enter certain information like your email, the Sorcerer's Safari Paypal address, the amount you wish to pay and what the payment is for. Click the Service/other category, and please make sure you input our email as [info@Sorcerers-Safari.com](mailto:info@Sorcerers-Safari.com)
4. Now press CONTINUE
5. Answer the rest of the Paypal questions, and payment will be sent.

If you have any problems with Paypal, please call their Customer Service Line at (888) 221-1161.

If you'd like to speak with someone at the Sorcerers Safari headquarters please call (416) 322-1442.

**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: \_\_\_\_\_**

### 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 or legal guardian and camper.
3. **If arriving 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.
5. **CANCELLATION:** There will be an administration charge of \$100.00 on all cancellations made prior to May 1<sup>st</sup>, 2010. There will be an administration charge of \$200.00 on all cancellations made between May 1<sup>st</sup> and June 30<sup>th</sup>, 2010. After July 1<sup>st</sup>, 2010 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.

