

SORCERERS SAFARI – MARCH BREAK CAMP

CAMPER APPLICATION FORM

March 10-14th, 2008

ADDRESS ALL APPLICATIONS TO:



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

Camper's Photo

PARENTS: PLEASE COMPLETE THE FOLLOWING IN PEN AND BLOCK PRINTING or Complete in Adobe and Print

CAMPER INFORMATION – PLEASE INCLUDE PHOTO

CAMPERS NAME: LAST: FIRST: GENDER MALE FEMALE

PREFERRED NAME (if different from above):

BIRTHDAY (YYYY/MM/DD): AGE AT CAMP:

ADDRESS:

PARENTS NAMES:

HOME PHONE: BUSINESS PHONE:

CELL PHONE: PAGER:

PARENTS EMAIL:

CAMPERS EMAIL:

PERSONALITY CHARACTERISTICS (Please check all that apply):

- Confident Independent Quiet Sensitive
 Fun Loving Outgoing Reserved Thoughtful
 Other

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 type="text"/> |

IF FEMALE, HAS MENSTRUATION BEGUN? YES NO N/A IF YES, ANY PROBLEMS?

PHYSICAL OR EMOTIONAL PROBLEMS?

BED WETTER? YES NO 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):

- | | | |
|---|---|--|
| <input type="checkbox"/> Polio <input type="text"/> | <input type="checkbox"/> MMR <input type="text"/> | <input type="checkbox"/> Tetanus <input type="text"/> |
| <input type="checkbox"/> TB <input type="text"/> | <input type="checkbox"/> Hib <input type="text"/> | <input type="checkbox"/> Diphtheria <input type="text"/> |

DRUG ALLERGIES:

FOOD ALLERGIES:

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

PHYSICIAN:

NAME PHONE NUMBER

ADDRESS

BACKGROUND IN MAGIC

HOW LONG HAS YOUR CAMPER BEEN INTERESTED IN MAGIC?

HAS YOUR CAMPER HAD ANY LESSONS? YES NO

IF YES, WITH WHOM AND FOR HOW LONG:

WOULD CAMPER CONSIDER THEMSELVES: Novice Intermediate Advanced

AREAS OF INTEREST (please check all that apply):

Close-up Platform Stage

Other

HOW DID YOU HEAR ABOUT SORCERERS SAFARI INC.?

FEES

EARLY REGISTRATION FEES ARE \$550.00 + GST = \$577.75 DUE IN FULL BY FEBRUARY 11th, 2008.

REGULAR CAMP FEES ARE \$600.00 + GST = \$630.00 DUE IN FULL BY MARCH 3^d, 2008.

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.
3. The application must be accompanied by a deposit cheque in the amount of \$200.00 or more. Make all cheques payable to Sorcerers Safari Inc.
4. The balance for full payment is due by March 3rd, 2008 (Unless early registration fees apply)
5. CANCELLATION: There will be an administration charge of \$100.00 on all cancellations made prior to February 1st, 2008. There will be an administration charge of \$200.00 on all cancellations made between February 1st and March 1st, 2008. After March 1st, 2008 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. Canceled cheques are proof of payment.
12. An administration charge of \$20.00 will be levied for every NSF cheque.

PAYMENT: Please make all cheques payable to Sorcerers Safari Inc. and mail with completed registration form and camper photo to:

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

SIGNATURE: _____ DATE: ____ / ____ / ____
PARENT/LEGAL GUARDIAN YEAR MONTH DAY

ADMINISTRATIVE USE ONLY	
DATE: _____	DEPOSIT: _____
DATE: _____	PAID IN FULL: _____
INFO: _____ _____	