



HIGH POINT CAMP REGISTRATION 2012

Family Name: _____ Mother: _____ Father: _____ or

Legal Guardian: _____

Home Address: _____ City: _____ Prov./State: _____ PC/ZIP: _____

Parent's Name & Social Insurance Number: Name: _____ S.I.N: _____

Home #: _____ Mom Cell: _____ Dad Cell: _____

Fax #: _____ Mom Work: _____ Dad Work: _____

Summer Address: _____ Sum Tel #: _____

E-mail Address: _____

EMERGENCY CONTACTS (OTHER THAN ABOVE):

Name 1: _____ Home #: _____ Cell: _____ Relation: _____

Name 2: _____ Home #: _____ Cell: _____ Relation: _____

PARENT'S / LEGAL GUARDIAN'S AUTHORIZATION

I, the undersigned, have read and agreed to abide by the conditions of the *HPC Policy 2012*. In addition I agree to the following terms: Having fully disclosed all medical conditions in this form, I grant permission for my enrolled children to participate in all camp related activities, which include trips away from the camp premises. I do not hold High Point Camp responsible for any injuries incurred in or away from camp, any previous medical conditions that are not disclosed on this form, or for any articles lost, stolen, or damaged. In the event that my appointees or I cannot be reached in an emergency, I hereby grant permission to High Point Camp to secure the necessary medical treatment and I will reimburse High Point Camp if any medical costs are incurred. I will pay for any damages caused intentionally by my enrolled children to camp property. I grant permission to have photographs and videotape of campers to be used for camp publicity materials. I will not hold High Point Camp responsible for any material found on any social media networks. The camp reserves the right to reject applicants or dismiss any camper not conforming thereto.

Signature of Parent / Legal Guardian

Date

Please return your registration package to:

*High Point Co-op Camp
c/o Lisa Aisen
16 des Arbres
D.D.O., Quebec
H9G 3C2*

Your registration package will not be considered for the 2012 season if it is submitted unsigned, not fully completed, or without full payment according to the HPC Registration Policy.

No registration via e-mail will be accepted.

Please do not consider yourself registered until you receive confirmation by phone or e-mail.

**For questions, please contact Lisa at 514-620-0110 or at lisa@highpointcamp.com
From July 1 –August 17, direct any concerns to the camp Directors at 819-326-8313.**

1st Camper's Name: _____ Last Swimming Badge Attained: _____

M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2012: A) _____ G) _____

School: _____

FEE STRUCTURE: (Please tick your desired option)

- Early Bird: July 2-Aug. 17 (*Deadline February 29, 2012*) **\$1,300.00**
- Full Season: July 2-Aug. 17 (*Starting March 1, 2012*) **\$1,400.00**
- Weekly: Dates _____ to _____ / _____ to _____ **\$250.00 per wk.**
- Daily: _____ **\$60.00 per day**
(DAILY REGISTRATION CANNOT BE COMBINED TO RECEIVE WEEKLY RATES)
- C.I.T. : _____ **-25% (minimum. 3 wks.)**
(MUST BE 13 & 14 YEARS OLD AS OF SEPTEMBER 30, 2012)

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____

Physician's Name: _____ Tel: _____

Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N

Allergies: _____

Medications required during camp: _____

Is camper fit for all activities? Yes / No - If **NO**, specify: _____

Concerns/Comments? _____

2nd Camper's Name: _____ Last Swimming Badge Attained: _____

M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2012: A) _____ G) _____

School: _____

FEE STRUCTURE: (Please tick your desired option)

- Early Bird July 2-Aug. 17 (*Deadline February 29, 2012*) **\$1,300.00**
- Full Season July 2-Aug. 17 (*Starting March 1, 2012*) **\$1,400.00**
- Weekly: Dates _____ to _____ / _____ to _____ **\$250.00 per wk.**
- Daily: _____ **\$60.00 per day**
(DAILY REGISTRATION CANNOT BE COMBINED TO RECEIVE WEEKLY RATES)
- C.I.T. : _____ **-25% (minimum. 3 wks.)**
(MUST BE 13 & 14 YEARS OLD AS OF SEPTEMBER 30, 2012)

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____

Physician's Name: _____ Tel: _____

Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N

Allergies: _____

Medications required during camp: _____

Is camper fit for all activities? Yes / No - If **NO**, specify: _____

Concerns/Comments? _____

3rd Camper's Name: _____ Last Swimming Badge Attained: _____

M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2012: A) _____ G) _____

School: _____

FEE STRUCTURE: (Please tick your desired option)

- Early Bird July 2-Aug. 17 (*Deadline February 29, 2012*) **\$1,300.00**
- Full Season July 2-Aug. 17 (*Starting March 1, 2012*) **\$1,400.00**
- Weekly: Dates _____ to _____ / _____ to _____ **\$250.00 per wk.**
- Daily: _____ **\$60.00 per day**
- (DAILY REGISTRATION CANNOT BE COMBINED TO RECEIVE WEEKLY RATES)
- C.I.T. : _____ **-25% (minimum. 3 wks.)**
(MUST BE 13 & 14 YEARS OLD AS OF SEPTEMBER 30, 2012)

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____

Physician's Name: _____ Tel: _____

Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N

Allergies: _____

Medications required during camp: _____

Is camper fit for all activities? Yes / No - If **NO**, specify: _____

Concerns/Comments? _____

4th Camper's Name: _____ Last Swimming Badge Attained: _____

M/F: _____ Date of Birth: D) _____ M) _____ Y) _____ Age & Grade as of Sept 30, 2012: A) _____ G) _____

School: _____

FEE STRUCTURE: (Please tick your desired option)

- Early Bird July 2-Aug. 17 (*Deadline February 29, 2012*) **\$1,300.00**
- Full Season July 2-Aug. 17 (*Starting March 1, 2012*) **\$1,400.00**
- Weekly: Dates _____ to _____ / _____ to _____ **\$250.00 per wk.**
- Daily: _____ **\$60.00 per day**
- (DAILY REGISTRATION CANNOT BE COMBINED TO RECEIVE WEEKLY RATES)
- C.I.T. : _____ **-25% (minimum. 3 wks.)**
(MUST BE 13 & 14 YEARS OLD AS OF SEPTEMBER 30, 2012)

MEDICAL INFORMATION:

Medicare #: _____ Expiration Date: _____

Physician's Name: _____ Tel: _____

Date of last: Physical exam: _____ Tetanus _____ Are immunizations up to date? Y / N

Allergies: _____

Medications required during camp: _____

Is camper fit for all activities? Yes / No - If **NO**, specify: _____

Concerns/Comments? _____