



CAMP REGISTRATION FORM 2014

Please complete the following information in full, printing very clearly.

Camper Information

Last Name: _____ First Name: _____ Preferred Name: _____

Birth Date (y, m, d) ____/____/____ Age (as of July 1): _____ Grade Completed: _____

Address: _____ Province: _____ Postal Code: _____

Home Phone: _____

Please check one: First time residential camper Past camper @ Kalalla Past residential camper @ _____

Request to be in a cabin with (one friend within one year of age, who must request you): _____

All campers receive a free camp t-shirt. **Please circle your size:**

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult Extra Large

Registrations received after June 15th are not guaranteed their requested size.

Parent/Guardian Information

Parent 1: Name: _____ Address: (if different from above): _____

Home Phone (if different from above): _____ Work Phone: _____ Cell Phone: _____

Parent 2: Name: _____ Address: (if different from above): _____

Home Phone (if different from above): _____ Work Phone: _____ Cell Phone: _____

Email –please print clearly (all camp communication will be sent to this address): _____

Emergency Contact (other than parents, must be available during camp session):

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Camp Selection and Fees

- 1) Check off all camps for which you are registering
- 2) Enter the applicable camp fee for each selection in the far right hand column
- 3) Add all applicable camp fees and building for the future contribution and insert the total in the highlighted box

| Camp Name | | Dates | Camp Fees | Applicable Fee Amount |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------------------------|-----------------------|
| <input type="checkbox"/> | Campers Ages 7 to 15 | Sunday July 20, 2014 to Sunday July 27, 2014 | \$490 | |
| <input type="checkbox"/> | Leaders in Training Ages 15 to 16 | Friday July 18, 2014 to Sunday July 27, 2014 | \$490 (to be paid upon acceptance to program) | |
| <i>(optional)</i> Building for the Future Contribution | | | | \$50 |
| <i>Income tax receipts will be issued for Building for the Future Contributions (charity number 12739 1886 RR001)</i> | | | | |
| Camp Total | | | | |



Terms and Conditions

- **REFUNDS:** Camp withdrawal requests received on or before June 1st will be issued a refund for camp fees less a \$50 administration fee.
Camp withdrawal requests submitted after June 1st and accompanied by a written explanation from a physician may be granted in full or part less a \$50 administration fee at the discretion of the Ottawa CGIT Committee and Camp Kalalla.
Campers who choose to arrive late or depart early for non-medical reasons will not receive an adjustment on their camp fees.
- **CAMPER DISMISSAL:** The Camp Director reserves the right to cancel a camper's enrollment or dismiss a camper whose conduct, influence, or behaviour is deemed unsatisfactory. No refund will be granted.
- **PHOTOGRAPHS:** Photographs/video or images of the children and staff participating in camp activities will be taken and may be used by CGIT Camp Kalalla for publicity purposes, including but not limited to the websites, printed materials and camp fair displays.
- **HEALTH FORM:** The Personal Health Form must be **completed** and submitted along with the registration form. The Parent/Guardian is responsible to inform CGIT Camp Kalalla of any change to the health status of the participant or information on the Personal Health Form prior to the start of the camp session.
- **MEDICAL TRANSPORTATION:** As per the procedure listed at www.kalalla.com, Senior Camp Staff and parents will work together to make arrangements for transportation and care of campers requiring medical attention.

I have read, understood and agree to the terms and conditions listed above.

Parent/Guardian Signature: _____

Date: _____

Payment Information

- 1) Calculate total payment amount
- 2) Check-off the method you have selected for payment and provide information required for selected payment method

Payment Total: _____

- Personal Cheque (Payable to Ottawa CGIT Committee. No postdated cheques please. \$25.00 admin fee for NSF cheques.)
- On-Line Payment by VISA, MasterCard, Amex or Interac Confirmation/Sales Order Number: _____

Mail Registration:

All forms and payment must be received by the registrar a minimum of 2 weeks prior to the start of the camp session.

*Please ensure that the **health form is completely filled in and signed** before mailing.*

Camp Kalalla Registrar
Heather Schijns
89 Thare Cres.
Ottawa ON, K2J 2J1
613-823-8026