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website: www.madawaskacamps.com
 email: info@madawaskacamps.com

2017 Athlete Application

Please read and complete both sides of this application thoroughly. If you require assistance, please don't hesitate to call.

Family Information

Parents Guardians:

Parent #1:

Salutation: Mr. Dr. Other _____
 Last Name: _____
 First Name: _____
 Home Telephone: () _____
 Bus. # () _____
 Cell # () _____
 E-mail: _____

Parent #2:

Salutation: Ms. Mrs. Dr. Other _____
 Last Name: _____
 First Name: _____
 Home Telephone: () _____
 Bus. # () _____
 Cell # () _____
 E-Mail: _____

Mailing Address: Family Mother Father
 Street: _____ City: _____
 Province: _____ Postal Code: _____

Camper lives with:

Mother Father Both Other

Secondary Contact: (Other than parent)

Name: _____
 Telephone: () _____
 Relationship: _____

Swimming Activities:

Can not swim Weak Swimmer
 Average Swimmer Strong Swimmer

How did you hear about Madawaska Camps?

Club School Camp Fair Friend
 Website Magazine Other _____

Athlete Information

Last Name: _____
 First Name: _____
 Male Female
 Height: _____ Weight: _____
 Birthdate: Month: _____ Day: _____ Year: _____
 School: _____
 Grade Completed Before Camp: _____
 Health Card #: _____
 E-mail: _____
 Club Affiliation: _____
 Number of Years Playing Club: _____

T-Shirt: Adult Sizing S M L XL
 Youth Sizing M L

Previous Madawaska year _____ Cabin # _____

Basic Medical Information:

Doctor's Name: _____
 Doctor's Telephone: () _____

Each athlete will be required to have a health history form completed before the start of camp.

Does the athlete have life threatening allergies?

Yes No If yes, allergic to:

Is the athlete presently taking medication(s)?

Yes No If yes, list medications:

Do you anticipate the athlete will require the medications during camp? Yes No

Other medical concerns:

Dietary Restrictions:

Does your camper identify themselves as a vegetarian?
 Yes No

Does your camper eat poultry? Yes No

Does your camper eat pork? Yes No

Does your camper eat red meat? Yes No

Does your camper eat fish? Yes No

Does your camper eat dairy? Yes No

Cabin-Mate Request: _____

This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheques made payable to Madawaska Camps) before it can be considered for acceptance.

Camp Selection & Payment Information: Please check the program(s) for which you would like to register:

All-Sport Camp (Aug 20 - 26, 2017)

1 Week Regular Rate		1 Week Earlybird Rate	
Fee:	\$775.00	Fee:	\$750.00
HST:	\$100.75	HST:	\$97.50
Total:	\$875.75	Total:	\$847.50
Deposit:	\$200.00	Deposit:	\$200.00
July 1:	\$675.75	July 1:	\$647.50

Volleyball Camp (Aug 27 - Sep 2, 2017)

Court Volleyball or Beach Volleyball

1 Week Regular Rate		1 Week Earlybird Rate	
Fee:	\$875.00	Fee:	\$850.00
HST:	\$113.75	HST:	\$110.50
Total:	\$988.75	Total:	\$960.50
Deposit:	\$200.00	Deposit:	\$200.00
July 1:	\$788.75	July 1:	\$760.50

All-Sport Camp & Volleyball Camp (Aug 20 - Sep 2, 2017)

Court Volleyball or Beach Volleyball

2 Week Regular Rate		2 Week Earlybird Rate	
Fee:	\$1375.00	Fee:	\$1325.00
HST:	\$178.75	HST:	\$172.25
Total:	\$1553.75	Total:	\$1497.25
Deposit:	\$400.00	Deposit:	\$400.00
July 1:	\$1153.75	July 1:	\$1097.25

* Applications received prior to March 31st, 2017 are considered Early Birds

** Discount applicable to one camper attending both weeks, not for two family members attending one week each

*** Madawaska will provide accomodations, meals and supervision between programs

Please make cheques payable to Madawaska Camps. All fees are payable in Canadian funds. Registrations made after July 1, 2017 must be paid in full.

Out of Canada campers must use VISA, MasterCard, International Bank Draft or International Money Order. Personal cheques cannot be accepted.

DEPOSIT:

This application must be accompanied by your deposit

Method of payment: Cheque VISA MasterCard

BALANCE DUE: Final payments are due July 1st.

The method of payment will be the same as the deposit unless indicated otherwise with this application.

Visa/MasterCard Number: _____ Expiry date: _____

Signature of Cardholder: X _____

Conditions of Registration:

Camp fee includes room and board and full participation in all athletic and adventure activities. Tuck shop expenses are extra. Athletes are responsible for their own transportation to and from camp. Bus transportation is available from major centres (e.g. Toronto, London, Barrie etc) at an additional cost. Applicable taxes are added to the camp fee. Transportation cancellations after July 15th will not be refunded.

I/we agree to allow my/our child(ren) to participate in all camp activities.

I/we hereby apply for registration for the herein named child(ren) for the camping services indicated in this application. In consideration of acceptance of this application by Madawaska Camps. I/we hereby agree as follows:

- a) that the director of Madawaska Camps reserves the right to terminate the registration of any camper(s) when it is deemed by the director to be in the best interests of the child or the camp. In such an event, it is understood that an appropriate refund will be issued unless the camper is dismissed for infractions of camp's policies including but not exclusive to the terms noted in the Family & Camper Contract, in which case, no refund will be issued.
- b) to make all payments required in accordance with the rate schedule in effect on the date of registration, to abide by the conditions of enrolment and the refund policy herein. NSF cheques are subject to \$25 service charge and certified funds will be required.
- c) that cancellations prior to July 1, 2017 are subject to a \$100.00 processing fee. Cancellations after July 1st and prior to August 1st are subject to a \$200.00 processing fee. Refunds on cancellations made after August 1st, will be considered based on but not limited to, medical notes, camp enrolment, wait-lists and special circumstances.
- d) that special considerations for refunds submitted in writing will be considered during the month of September following camp.
- e) to give camp officials authority to act on my behalf in case of emergency and/or special medical treatment.
- f) to release and indemnify Madawaska Camps from any and all claims for losses of articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- g) to consent to the use by Madawaska Camps of the athletes likeness for publicity purposes.

Father or Guardian  Sign here! _____ Mother or Guardian  Sign here! _____ Date  Fill in here! _____

This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (cheques made payable to Madawaska Camps) before it can be considered for acceptance. Payment by credit is available by contacting the camp office at 1.866.553.0655