



## Camper Registration Package 2010

### How to Register for Camp

To register for camp, please return a completed registration package AND payment to us. Registration is accepted on a first-come, first-served basis.

Ten Oaks Project  
255 Montreal Rd, Suite 205  
Ottawa, ON K1L 6C4

Please note that spaces for returning campers will be reserved until **March 31, 2010**. If you're new to Camp Ten Oaks, please check registration availability on our website or by contacting us prior to completing the registration package. Registration will be confirmed within two weeks of receiving your registration package. A packing list and other important information about our program will be sent in June as part of the Camper Welcome Kit.

### Payment of Camp Fees

Full payment at the time of registration is preferred. An initial deposit of \$100.00 for each camper is due at the time of registration. The balance of camp fees are due by June 1. Registrations received after June 1 must be paid in full at the time of registration. Please make all cheques or money orders payable to the Ten Oaks Project. Any payments returned due to insufficient funds are subject to a \$25.00 administration fee.

### Registration Checklist

- \_\_\_ Camper Information Form
- \_\_\_ Camper Health and History Form
- \_\_\_ Camper Profile (Completed by Camper)
- \_\_\_ Camper Profile (Completed by Parent/Guardian)
- \_\_\_ Enclosed payment/deposit

### Financial Assistance

The Ten Oaks Project is committed to ensuring that all children and youth can have a memorable Camp Ten Oaks experience. We understand the financial stresses that many of our families face. At the same time, the organization seeks to ensure our program is financially sustainable, with our families helping us to ensure that we can continue to offer our quality camp program through camper fees. We believe that all children and youth deserve to have a camp experience regardless of their personal or family's ability to pay. To meet this balance, we charge a competitive camp fee, but also offer a sliding scale to ensure our program remains economically accessible. To find out more about our sliding scale fee, please contact us through our Director, Kate Moore.

E-mail: [kate.moore@tenoaksproject.org](mailto:kate.moore@tenoaksproject.org)  
Telephone: 613.321.2825

### Refund and Cancellation

All cancellations or refund requests must be submitted to the Ten Oaks Project in writing by e-mail or regular mail. Refunds for camp fees will be made less a \$25.00 processing fee.

Until June 1, 2010 100% of camp fee is refundable  
Until June 15, 2010 50% of camp fee is refundable  
Until June 30, 2010 20% of camp fee is refundable

No refunds will be issued after July 15, 2010 except in exceptional circumstances. No refunds are issued if a camper is required to leave early for medical reasons or is asked to leave the camp program for behaviour reasons.

Changes or cancellations related to camper train travel made after June 1, 2010 will be paid at the expense of the parent or guardian.



About the Camper

First name \_\_\_\_\_ Age while at camp \_\_\_\_\_  
Last name \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_  
Gender identification \_\_\_\_\_ Sexual Orientation (if known) \_\_\_\_\_

Birthday (MM/DD/YY) \_\_\_\_\_

May we provide your child's contact information to other campers and their families to stay in touch after camp?

*This includes their name, mailing address, primary phone number and e-mail. If no, your camper will not be included in our listing.*

YES NO

All campers will be given a Camp Ten Oaks t-shirt. Please indicate your child's preferred size:

- Youth (M) Youth (L) Adult (S)
- Adult (M) Adult (L) Adult (XL) Adult (XXL)

Primary Contact

First name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Last name \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Relationship to camper Parent Guardian Other Phone (Other) \_\_\_\_\_  
if "Other" please define \_\_\_\_\_ E-mail address \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_  
Postal code \_\_\_\_\_

The following person(s) are authorized to pick up camper (bus, train or car transportation)

1) \_\_\_\_\_  
2) \_\_\_\_\_

Secondary Contact

First name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Last name \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Relationship to camper Parent Guardian Other Phone (Other) \_\_\_\_\_  
if "Other" please define \_\_\_\_\_ E-mail address \_\_\_\_\_

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_  
Postal code \_\_\_\_\_

Is this person authorized to pick up camper (bus, train, or car)

YES NO

How did you hear about Camp Ten Oaks?

\_\_\_\_\_

If you would like us to e-mail information about Camp Ten Oaks to your friend(s), please list their name(s) and e-mail address(es) below:

\_\_\_\_\_

For office use only

Date received \_\_\_\_\_ Response \_\_\_\_\_ Input \_\_\_\_\_

## Camp Fees, Transportation and Payment Information

<b>Camper Full Name</b>				
<b>Camp Fees</b>	Standard fee is \$650.00. If you wish to discuss accessing the sliding scale, please contact Kate Moore at 613.321.2825.			\$
<b>Transportation</b>				
Toronto Train	To camp	From camp	\$75 one way / \$125 Return trip	\$
Ottawa Bus	To camp	From camp	Included in camp fees	
Ottawa Car	To camp	From camp	<i>For safety reasons, driving to or from camp is only permitted by families of first-time campers or in exceptional circumstances with permission from the Director.</i>	
<b>Donation</b>	Would you consider making a donation to help send another child to camp? A tax receipt will be issued for all donations over \$20. \$25      \$50      \$75      \$ Other _____			\$
<b>Total</b>				\$
<b>Payment Information</b>				
Initial Payment	Full payment preferred. Minimum of \$100.00 per camper due at registration			\$
Balance Due	Due by June 1, 2010 or at time of registration if after June 1. Please enclose post-dated cheques.			\$
<b>For office use only</b>				
Cheque(s)	Date	Amount	Note	

## Parent/Guardian Authorization

1. The parent or guardian submitting this application has legal custody of this camper and is legally responsible for the payment of fees and other expenses incurred by the camper. Conditions of custody and access, if applicable, should be fully communicated in writing to the camp.
2. While every precaution will be taken to ensure the good health and safety of the camper, Camp Ten Oaks and the Ten Oaks Project, its Directors, Board Members, volunteers, staff and employees, as well as the Directors, Board Members, volunteers, staff and employees of all facilities used during the camp are hereby released from any/all liability in the event of any accident, illness or misadventure at or in transit to or from camp.
3. Camp Ten Oaks staff and campers often engage in learning experiences that explore the effects of sensitive issues on their everyday lives. These issues include, but are not limited to, homophobia, heterosexism, racism, classism, sexism, gender identity and expression, body image, self-esteem, sexuality, sexual harassment, and sexual health and safety. I give my child permission to participate fully in all such discussion and activities while at Camp Ten Oaks.
4. Photographs and/or video are important for us as we use them to maintain an accurate historical record of our activities and to capture our work for reports, media, newsletters, website, brochures and other tools that we publicly provide to promote or support Camp Ten Oaks and the Ten Oaks Project. We safeguard these photographs and/or video and do not lend nor sell these to outside individuals or organizations. I give my consent to have photographs and/or video taken of this camper. No last names will be used. If you do not want your child photographed for any reason, please print "Prohibited" here: \_\_\_\_\_. Please note that other campers may bring their own personal cameras and may take photos of each other, and that this is outside of our control.
5. Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. Intentional camper behaviour that puts the camper or others at physical or emotional risk will result in immediate dismissal from camp at the discretion of the Camp Director. A camper's possession or consumption of alcohol, tobacco products or illegal or harmful substances will result in immediate dismissal from camp. No refunds will be granted for campers dismissed from camp and expenses incurred because of dismissal will be the responsibility of the parent/guardian.
6. The Ten Oaks Project safeguards the confidentiality and security of the personal information that you provide us. This information is collected and maintained only by those authorized to do so. It is used to support the participation of campers at Camp Ten Oaks and to communicate about the Ten Oaks Project's programming and events. For more information about our privacy guidelines or to review records containing your personal information, please contact us.
7. I have signed, dated and enclosed the complete registration package. I have read and fully understand the refund policy. If other arrangements have not already been made or if I am not at this time paying the camper fee in full, I agree to pay the balance owing to the Ten Oaks Project by June 1, 2010. I understand that my camper's registration will not be guaranteed until I have submitted the following documentation: Camper Registration Form; Camper Health and History; and Camper Profile Form (Camper and Parent/Guardian).

## Parent/Guardian Signature

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



The information on this form will help us to best care for your camper while they are at camp. This information is confidential and will only be shared with those staff members working directly with your child at camp. If there is any information that you wish only the camp leadership staff to know, please provide that information on a separate sheet of paper.

Please complete this form in its entirety. We do not keep records from previous years at camp.

About the Camper

First name, Last name, Gender identification, Birthday (MM/DD/YY), Age while at camp, Health card number, Insurance Provider, Group and Policy #s

Primary Contact

Note: The Camper's primary contact must be a parent or guardian who has custody and is legally responsible for this camper.

First name, Last name, Relationship to camper (Parent, Guardian, Other), Phone (Home, Work, Other), E-mail address

Secondary Contact

First name, Last name, Relationship to camper (Parent, Guardian, Other), Phone (Home, Work, Other), E-mail address

Dietary Information

Eating habits (Fussy, Average, Hearty), Vegan, Vegetarian, Partial Vegetarian, Lactose intolerant/deficient, Other (please specify anything else that may help us fulfill your camper's dietary needs. Please be as detailed as possible.)

Allergies (please be as specific as possible)

Table with 5 columns: Type, Allergen, Type & severity of reaction, Treatment/medication, Date of last reaction

Does this camper use an EpiPen? Yes No If yes, they must bring 2 with them to camp.

**Medications** (please be as specific as possible)

Will any prescription or over-the-counter medications be sent with your camper to camp?      Yes      No  
 Medications must be left with the health care staff while at camp. All prescription medications must be in their original container(s) and must be labelled with the doctor's name, child's name, dosage, schedule and date. All over-the-counter medications must be in their original container(s) with proper labelling.

Name of medication	Form (pill, cream etc.)	Purpose	Dosage and frequency

Are there any restrictions of food or activities as a result of this medication(s)?      YES (please specify) \_\_\_\_\_      NO

**Medical History** (please select all applicable items in this section)

Please check (X) if your child has had, or double check (XX) if your child is currently subject to any of the following:

ADD/ADHD	Fractures	Migraines	Sleepwalking
Asthma	Frequent colds	Mumps	Sprains or strains
Bed wetting	Frequent headaches	Nightmares	Surgery to remove appendix
Chicken pox	Hay fever	Nosebleeds	Tonsillitis
Diabetes	Heart condition	Rheumatic fever	Toothaches
Ear trouble	Hepatitis	Severe menstrual bleeding/pain	Wears contacts/glasses
Epilepsy/seizures	Measles (German)	Severe stomach aches	Whooping cough
Fainting/dizziness	Measles (Red)	Sinus trouble	Other _____

Please provide the date and details of any recent hospitalization, recent operation, recent injury, serious illness, long term illness/medical condition or infectious disease.      N/A

Does your child have any physical, developmental, psychological, behavioural or emotional conditions, challenges or limitations? If yes, please describe.      N/A

Has your child menstruated?      YES      NO      N/A      If no, has your child been told about menstruation?      YES      NO

Please use this space if there is anything else about your child's medical history that you feel we should know or if you have special instructions for the care of your camper.

**IMMUNIZATION HISTORY** (Please indicate the date of the most recent vaccination. It is acceptable to attach an official record of immunization in lieu of completing this section.)

Tetanus \_\_\_\_\_  
 MMR \_\_\_\_\_  
 Meningitis \_\_\_\_\_  
 Chicken pox \_\_\_\_\_  
 Hepatitis B \_\_\_\_\_  
 Additional information \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT**

To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to any communicable diseases during the three weeks prior to my child arriving at camp. In the case of medical emergency, I understand that every effort will be made to contact the parents, guardians or other emergency contacts I've listed. In the event that I cannot be reached, I hereby give permission to the physician/nurse selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above. I agree to be responsible for any prescription costs or expenses incurred for this camper. I also grant permission to the physician/nurse selected by the Camp Director to administer prescription and non-prescription medications within recommended dosages if needed. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities as noted.

**Parent/Guardian Signature**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



About You

Tell us what you would like to get out of camp this summer. You can have a parent or guardian complete this form for you, or, you can fill it out yourself. Camp Ten Oaks is a special place for children and youth from LGBTQ communities. We use the term LGBTQ to mean lesbian, gay, bisexual, trans, two-spirit or queer.

Your name \_\_\_\_\_ What are the top three activities you would like to do at camp this summer? \_\_\_\_\_
Your nickname \_\_\_\_\_
Gender identification \_\_\_\_\_
Sexual Orientation (if known) \_\_\_\_\_

Why do you want to come to Camp Ten Oaks this summer?

[Empty text box for response]

Do you have LGBTQ parent(s) or guardian(s)? YES NO LGBTQ siblings? YES NO

Have you shared with your friends that you have a parent(s) or that you yourself are LGBTQ? YES NO

If yes, how many friends have you shared this information with? \_\_\_\_\_

If no, why not? \_\_\_\_\_

If you have told any of your friends that your parent(s) or that you are LGBTQ, how did they react?

[Empty text box for response]

What is school like for you?

[Empty text box for response]

Do you have any friends who have LGBTQ parent(s)? YES NO If yes, how many? \_\_\_\_\_

Do you have any friends who are LGBTQ themselves? YES NO If yes, how many? \_\_\_\_\_

Have you ever been teased or in a fight because your parent(s) or you yourself are LGBTQ? YES NO If yes, how often? \_\_\_\_\_

Where did/does this usually happen? \_\_\_\_\_

Have you benefited in some way(s) because your parent(s) or you are LGBTQ? YES NO

If yes, please describe.

[Empty text box for response]



Camper Profile

This form should be completed by the parent/guardian. To help us meet your child's needs while at camp, please let us know a little bit more about your child. This information is confidential and will only be shared with those staff members working directly with your child. If there is any information that you wish only the camp leadership staff to know, please provide that information on a separate sheet of paper.

Camper name \_\_\_\_\_ Has your child attended overnight camp before? YES NO
Last swim level completed \_\_\_\_\_ If yes, which one? \_\_\_\_\_
Canoe/kayak experience \_\_\_\_\_ # of years attended \_\_\_\_\_

Camper is Eager to attend camp Urged by parents/guardians
Camper usually makes friends with others His or her own age Older Younger

Does your child have any particular fears? YES NO
If yes, please describe below

[Empty text box for describing fears]

What specific things does your child want to accomplish at camp this year?

[Empty text box for camp goals]

In the last year, have there been any changes in family relationships?

Marriage Birth/Adoption Death Separation Divorce
Other (describe) \_\_\_\_\_

Is there any other information you think we should have that will help camp staff better care for your child? (i.e. bedtime routines, behaviour management strategies?)

[Empty text box for additional information]

## Parent and/or Guardian Demographics

The Ten Oaks Project is a not-for-profit organization that relies upon outside sources of funding such as grants, to offer its programs. The information provided on this form is confidential and will be used only in a form that ensures your anonymity. It will be used to help inform our grant and proposal writing. This information will also be used to assist in the development of programming at Camp Ten Oaks for campers. Please fill out only one form per family, regardless of how many campers you are sending to camp this summer.

First name \_\_\_\_\_ Gender identification \_\_\_\_\_  
 Last name \_\_\_\_\_ Sexual orientation \_\_\_\_\_  
 Relationship to camper Parent Guardian Other  
 if "Other" please define \_\_\_\_\_

## Concerning your child and family

Describe your child's family structure.

Describe the racial/ethnic make-up of your family, including your child.



If known, how does your child identify his or her sexual orientation or gender identity?

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What is the annual household income of your child's primary residence?

\$0-19,999    \$20,000-29,999    \$30,000-39,999    \$40,000-\$49,999    \$50,000-74,999    \$75,000-99,000    >\$100,000

How many people are supported by this income?

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What is the annual household income of your child's other residence?

\$0-19,999    \$20,000-29,999    \$30,000-39,999    \$40,000-\$49,999    \$50,000-74,999    \$75,000-99,000    >\$100,000

How many people are supported by this income?

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What best describes the location of your child's primary residence?

Rural    Suburb    Town    City    Other

How did your child become a member of your family (e.g. birth, adoption, artificial insemination)

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Does your child know how you identify your sexual orientation?

YES    NO

If applicable, how do you think your child feels about having a parent/guardian or parents/guardians who are LGBTQ?

Great    Good    OK    Indifferent

Don't know    Doesn't like it    N/A

If applicable, how do you think your child feels about identifying as LGBTQ?

Great    Good    OK    Indifferent

Don't know    Doesn't like it    N/A

How often do you talk with your child about issues surrounding sexual orientation or gender identification?

Often    Sometimes    Seldom    Never

Have you ever attended activities or events offered for the LGBTQ

YES    NO    Have your child(ren)?    YES    NO

Is there an LGBTQ community or service provider in your area?

YES    NO

Does it have activities or support services for the LGBTQ community?

YES    NO

Do you find that your child(ren) is/are involved or well integrated within the LGBTQ community? Please explain.

YES    NO    \_\_\_\_\_

Is school a safe place for you and your child? Please explain.

YES    NO    \_\_\_\_\_

Is there anything else you would like to share with us?

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