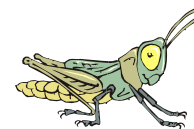


# THE GREAT OUTDOORS ADVENTURE DAY CAMP 2010



## Things you need to know & bring

### Camp Dates:

Mon. to Fri., July 5 to August 27, 2010 (except -July 26 to July 30 – no camp)  
8:30 am – 4:30 pm (early drop off fees & late pick-up fee applies)

Note: No Camp - on August 2<sup>nd</sup>- Civic Holiday

No Camp – Monday, July 26<sup>th</sup> to Friday, July 30<sup>th</sup>

### Camp Fees:

\$21.00 per day

### Maximum:

24 children per day (12:1 ratio)

### Ages:

7 – 12 years old

### Activities:

Most of our time will be spent in the Great Outdoors, exploring and experiencing the environment around us. We will also: make crafts, play environmental games, have Wet & Wild Days (river activities – eg. crayfish hunting, tubing, or water slide), plus more!

### What to Bring:

Must bring own lunch, snacks, hat, suntan lotion, running shoes to play games in, Crocks (pool shoes) for getting wet in, swim suit, towel, water bottles, bug repellent and a big Smile!

## What will we be doing?

July 5-9	<u>Survivor</u> Nature games, shelter creation, GPS or compass use, hike safety, tips on how nature survives.
July 12 – 16	<u>Curious Creepy Crawlers</u> Identification, catch & release, rock turnovers, explore habitats.
July 19 – 23	<u>Fishy Friends &amp; River Wandering</u> Catch & release, wet feet, identification, build and race your own boats.
July 26 – 30	<b>No Camp</b> at Grey Sauble Administration Centre – we will be in Thornbury/Clarksburg
August 3 – August 6 (no camp Monday)	<u>Predator/Prey</u> Learn what it is like to be predator and prey, learn how animals avoid capture in special games, animal tracking.
August 9 – 13	<u>Curious Creepy Crawlers</u> Forest exploration, tree identification, leaf collecting, edible plants, compass use, hike safety.
August 16 – 20	<u>Fishy Friends &amp; River Wandering</u> Catch & release, wet feet, identification, build and race your own boats.
August 23 – 27	<u>Survivor</u> Nature games, shelter creation, compass use, hike safety, tips on how nature survives.

Child (ren)'s Last Name \_\_\_\_\_



## The GREAT OUTDOORS ADVENTURE DAY CAMP

c/o Grey Sauble Conservation, 237897 Inglis Falls Road, R.R.#4, Owen Sound, Ontario N4K 5N6

Phone 519 376-3076 fax 519 371-0437

Please complete both sides of this form. This form may be used for more than one child.

### REGISTRATION INFORMATION:

Fee per Child: \$21 per day

Payment: Cash  Cheque  Amount Paid: \_\_\_\_\_

By Whom: \_\_\_\_\_

Week(s) Day (s) Attending: \_\_\_\_\_

1. Child's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
D / M / Y
2. Child's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
D / M / Y
3. Child's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
D / M / Y

Father/Guardian Name	Work Telephone Number/Cell Telephone Number	Home Telephone Number
Mother/Guardian Name	Work Telephone Number/Cell Telephone Number	Home Telephone Number
Address	City	Postal Code
Please circle appropriate answer: Child resides with - both parents/father/mother		Which parent/guardian may we contact during work hours?

### EMERGENCY HEALTH INFORMATION:

Please fill in this portion so that if a medical emergency arises, we can take appropriate action.

Health Card Number (s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Child #1 Child #2 Child #3

Family Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Please list any health concerns or problems that we should be aware of (eg. allergies, bees, asthma, other)

\_\_\_\_\_  
\_\_\_\_\_

In case of a medical emergency, I give permission to have my child(ren) taken to the nearest hospital or medical center.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(Please read and sign Waiver on back)

# Grey Sauble Conservation

## ADMINISTRATION POLICY

All registrations, faxed, mailed or dropped off, will be processed in order of receipt. Programs are filled on a first come, first served basis. Program registrations are accepted on an ongoing basis, until the program is full. Receipts will be issued.

### CHEQUES

*Cheques must be dated one week prior to camp start date. Cheques are to be made payable to Grey Sauble Conservation and will be cashed a week prior to camp start date.*

### PROGRAM CANCELLATION

We reserve the right to cancel or alter The Great Outdoors as outlined due to registration numbers, policy change or availability of staff.

### REFUNDS

A refund or credit will be granted and calculated as follows:

- program cancellation by Grey Sauble – full registration fee
- individual cancels prior to start of program – full registration fee less applicable administration fee during program due to:
  1. medical reasons – value of remaining days, less applicable administrative fee - *provided less than 75% of session has passed*
  2. program dissatisfaction – value of remaining classes, less applicable administrative fee - *provided less than 50% of session has passed*

**REFUNDS WILL BE SUBJECT TO A \$15.00 ADMINISTRATION FEE. PLEASE ALLOW 3-4 WEEKS FOR REFUND CHEQUES TO BE PROCESSED.**

### LATE PICK-UP SURCHARGE

A \$5.00 fee will be levied per child if your child(ren) is picked up later than the stated program times. Late Pick-up Surcharge is to be paid directly to the camp leader the same day you are picking up your child(ren) late. Arrangements must be made with the Camp Director ahead of time.

### TAX RECEIPTS

Your registration receipts are your proof for tax purposes.

Please Note: There will be a \$15.00 administration fee for re-issuing receipts.

I, \_\_\_\_\_ have read and understand the Administration Policy for The Great Outdoors Adventure Day Camp program.

## PERMISSION TO Participate in River/Water Activities or Swimming

I, \_\_\_\_\_, (parents name) please CIRCLE ONE – do give permission – do not give permission for my children to participate in river/water activities or public swims at the Harrison Park Pool (if offered by The Great Outdoors Program). Can your child swim? – please CIRCLE ONE - YES - NO Comment \_\_\_\_\_

## PERMISSION TO TAKE PHOTOGRAPHS

In the event that photographs may be taken of myself or my child/ren during the course of participating in The Great Outdoors Program, I \_\_\_\_\_ (parents name) please CIRCLE ONE – do give permission – do not give permission for these photos to be displayed or publicized at a later date.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Grey Sauble Conservation

**WAIVER AND ASSUMPTION OF RISK**

I, \_\_\_\_\_ wish to have my child/ren \_\_\_\_\_  
(Parent or Guardian's name) (child/ren's name/s)

Participate in the above noted program, co-hosted by The Great Outdoors Adventure Day Camp and the Grey Sauble Conservation.

As part of registering my child/ren, I hereby agree as follows:

1. I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury which are inherent in this type of activity. I declare that my child/ren is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in the case of an accident to my child/ren.
2. That I acknowledge that there are inherent risks associated with this activity and that my child/ren could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself and my child/ren.
3. To save harmless and keep indemnified The Great Outdoors Adventure Day Camp and the Grey Sauble Conservation and their respective agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child/ren's person.
4. That I affirm that my child/ren is in good health, capable of participating in the program and activities of The Great Outdoors Adventure Day Camp, and I accept personal risk on behalf of myself and my child/ren for the consequences of such participation.
5. That I agree that my child/ren will follow the rules and guidelines of The Great Outdoors Adventure Day Camp.
6. In the event of an accident or medical problem suffered by my child/ren, I consent to The Grey Outdoors Adventure Day Camp leaders to seek out the appropriate medical care.
7. That I declare this Waiver and Assumption of Risk is binding on me, my child/ren, my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date