



## 7TH ANNUAL CANGRANDS CONFERENCE AND CAMP APPLICATION

July 28 until August 02  
At the Salvation Army Jackson Point camp  
in Sutton, Ontario

CANGRANDS CONFERENCE & CAMP Adults \$150.00 \_\_\_\_  
 CANGRANDS The Blaze: (campers are next door for 24/7) **Ages 7-10 \$100.00** \_\_\_\_  
**CANGRANDS Newport Adventure Camps** (campers are off site 24/7) **Ages 11-17 \$100.00** \_\_\_\_  
**CANGRANDS New Hope Day Camp:** (with you after 4:30) **Ages 7-12 \$50.00** \_\_\_\_  
**CANGRANDS Day Camp:** (with you after the workshops) **6 years old and under \$25.00** \_\_\_\_  
 Special needs add \$50.00 per child \_\_\_\_

FILL ONE APPLICATION OUT FOR EACH PERSON ATTENDING.

<b>Camper's name</b>	<b>First:</b>	<b>Last:</b>		
<b>Date of birth:</b>		<b>M:</b>	<b>F:</b>	<b>Age as of June 1/2008:</b>
<b>Has camper attended our camps before:</b>		<b>Yes:</b>	<b>No:</b>	<b>If yes, give camp date:</b>
<b>Kinship care provider/LEGAL GUARDIAN'S NAME (if different from applicant)</b>				
<b>Email address</b>				
<b>Phone numbers with area code</b>	<b>Home:</b>	<b>Work:</b>	<b>Other:</b>	
<b>Address(include city and postal code)</b>				
<b>Health card number:</b>				

### **ALTERNATE EMERGENCY/CAMPER RELEASE CONTACTS {OTHER THAN LEGAL GUARDIAN(s)}**

it is imperative to the well-being of the camper that someone is available to be contacted during their **entire stay** at camp. In case of emergency while your kinship child/ward is at camp, please supply us with the name of at least one **alternate** emergency contact **to be used only if you cannot be reached**

**(Do not list Kinship care provider/Guardian's name).** (PLEASE PRINT)

NAME			
Relationship to camper			
Phone numbers			
Other:			

NAME			
Relationship to camper			
Phone numbers			
Other:			

**MEDICAL INFORMATION**

**HEALTH CARD INFORMATION - (Important: Please Read)**

The Salvation Army Provincial Camping Ministry and CANGRANDS requests that you provide your kinship child's health card number. In accordance with the Health Cards and Numbers Control Act, 1991 you are under no obligation to provide us with your kinship child's health card number and your kinship child's application for camp will not be rejected as a result of your failure to provide this number. The sole purpose of collecting your kinship child's health card number is to facilitate the provision of medical services to your kinship child, should this become necessary during the camp session. If you wish to voluntarily provide us with your kinship child's health card number;

**Health Card number:** \_\_\_\_\_

**DOES THE CAMPER HAVE ANY OF THE FOLLOWING CONDITIONS? (PLEASE CHECK)**

Asthma		Heart disease		Eczema	
Bronchitis		Epilepsy		Skin disease	
Hay fever		Fainting spells		Kidney problems	
Tonsillitis		Diabetes		Frequent colds	
Behavior disorder		Hyperactivity		Arthritis	
Weak joints		Physical handicap		Migraines	
Hysteria		Nightmares		Nose bleeds	
Sleep walking		Coordination problems		Motion sickness	
Speech impediment					
If the camper suffers from any of the above, please specify how severe the condition is and usual treatment::					

**(Dietary restrictions MUST be communicated prior to arrival at Camp) (if additional space needed please attach on separate sheet of paper)**

Dietary restrictions or food issue (indicate if you are a vegetarian)
Does the camper use glasses, contact lenses, hearing aid? List any allergies that the camper has, including food, drugs, insect stings, or other substances. P _____ and usual treatment. Is the allergy life threatening: YES or NO
Please list any medications the camper will bring to camp, the reason for it, and how often it is to be taken <b>(NOTE: a camper that arrives at camp without medication will have to be sent home).</b>
I give permission for my Kinship child/ward to be administered acetaminophen (Tylenol), gravol, cough syrup or any itch related items (Caladryl etc.) IF NOT please indicate alternative (Note: alternatives will have to be supplied by the guardian).

Please include any additional information (i.e., medical/physical, special conditions, custody considerations, etc...) Which may be helpful in caring for the camper (use an additional sheet if necessary)

**FAMILY PHYSICIAN INFORMATION**

Doctor's name:	
Phone number	
Are inoculations up-to-date	
Date of last tetanus shot.	

**Please attach a copy of the camper's inoculation record**

Does the camper have a present problem with any medical conditions not listed in the medical information, or do you feel that we need additional information to ensure the well-being of your kinship child while at camp? If so, please provide further details, including regular symptoms and treatment.

<b>Condition</b>	
<b>Usual symptoms</b>	
<b>Regular treatment</b>	
<b>Details:</b>	

**Agreement and consent:**

As the Kinship care provider/Guardian of the named camper (s), I accept and agree to the following terms/conditions:

1. Submission of completed **Application Form, Camper's Health Form, and required fee** before the stated date.
2. Acknowledgment of the Kinship care provider/Guardian that he/she is responsible to arrange transportation for the campers and will arrive by 10 a.m. on Monday July 28th.
3. Acceptance by the Kinship care provider/Guardian of the conditions that the Camp Director (or his/her designated representative) reserves the right to dismiss any camper who in his/her opinion demonstrates a hazard to the safety and/or well being of the camp; himself/herself; or others as well as any camper who rejects the responsible controls of the camp.
4. Campers dismissed under the above circumstances will not be given a refund.
5. Campers sent home due to homesickness will also not be given a refund.
6. I assume full responsibility for my kinship child's / ward's health, being such that involvement in camp activities will in no way aggravate any conditions present and therefore give permission for such involvement (where necessary, I have competent medical advice).
7. Should the state of health change prior to my kinship child's / ward's coming to Camp but after submission of this form, I will notify the Camp office immediately.
8. I accept financial responsibility in excess of the benefits allowed by the Provincial Health Insurance Plan:

- Where the health and well being of my kinship child/ward is involved.
- Where medical advice is such that further services are required.

9. Should attempts to contact me (Kinship care provider/Guardian) fail, or should the nature of an emergency incident require immediate action (i.e., there is insufficient time to contact the parent/ guardian) I hereby authorize the Camp Director or his/her representative to act at their discretion for the welfare and safety of my child/ward.
10. I give permission to use any camp pictures taken of my kinship child//wards in Salvation Army and CANGRANDS promotional materials.

**CONSENT:** As the Kinship care provider/Guardian of the camper, I have read the above. I understand and accept the Conditions of Enrollment as well as the Camper Rules and Guidelines. I hereby consent to my kinship child/ward attending The Salvation Army CANGRANDS camp. I also give permission for him/her to participate in all Camp activities including those which may be held off the Camp property. I hereby release The Salvation Army, CANGRANDS, its officers, employees, servants, agents and volunteers in respect to any loss, illness, injury or damage whatsoever suffered by, or in relation to, my son/daughter/ward, and hereby indicate that I have disclosed to The Salvation Army and CANGRANDS all relevant medical and physical information with respect to my son/daughter/ward.

I am a legal guardian of the applicant with full authority to make decisions with respect to the care, upbringing and education of the applicant. I confirm that all of the people listed above have authority to pick up the applicant during or at the end of the camp session, and I hereby authorize you to release the applicant into the custody of any of the above people.

I understand that if I have not inserted the name of anyone in the space provided above, and if I have not provided the camp with authority over the telephone, **the applicant will not be released into the custody of anyone who attends the camp to visit the applicant, even if the visitor is a relative.**

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SIGNATURE OF Kinship care provider/Guardian

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DATE

**SPONSORSHIP INFORMATION: (sponsorship is available to low income families, proof of income must be attached) Please ask us about this.**

**RETURN COMPLETED FORM TO:**

CANGRANDS 7th annual Conference and camp  
CANGRANDS NATIONAL KINSHIP SUPPORT  
2580 Hartsmere Road, Mc Arthurs Mills, Ontario, K0L2M0  
613-474-0035 Fax 613-474-3333 [www.cangrands.com](http://www.cangrands.com)