

BOYS

CAMP AWAKENING AT KILCOO CAMP

2010 CAMPER APPLICATION FORM

NAME _____ AGE AS OF JUNE 30/10 _____

ADDRESS _____
unit # number street

TELEPHONE _____
city province postal code E-MAIL _____

BIRTHDAY _____ HEIGHT _____ WEIGHT _____
day/month/year

NAME(S) of PARENT(S)/GUARDIAN(S) _____

FATHER'S BUS. PHONE (____) _____ MOTHER'S BUS. PHONE (____) _____

If your parents do not live together, with whom do you live ? _____

SESSION DATES:

1. Friday July 2nd - Thursday July 15th
 2. Saturday, July 17th - Thursday July 29th
 3. Monday August 2nd - Sunday August 15th
 4. Monday August 16th - Sunday August 29th
- (campers will be grouped for each session by age: younger campers July, older campers, August)

SESSION REQUESTED: (1st choice) _____ (2nd choice) _____

How long have you had a physical disability ? _____

What is the name used to describe your condition ? _____

What parts of your body are affected, and how are they affected ? _____

Can you walk without assistance ? _____ Can you swim ? _____ Are you comfortable in boats/water? _____

Aids used: _____ Cane _____ Wheelchair _____ Short-Leg Braces
_____ Crutches _____ Prosthetic Device(s) _____ Long-Leg Braces
_____ Walker _____ Communication Device(s)
_____ Other(specify) _____

If you use a wheelchair, are you independently mobile ? _____

Please return to:

CAMP AWAKENING Suite 204, 150 Eglinton Ave. East, Toronto, Ontario M4P 1E8 Phone 416- 487-8400
Fax 416-486-3854 E-Mail: info@campawakening.com Web Site: www.campawakening.com

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Do you need help dressing ? _____ transferring ? _____ toileting ? _____

How much time do you need to get dressed? _____ What kind of help do you need? _____

If you are on a bowel/bladder program, please provide us with details:

(bowel routine) _____

(bladder routine) _____

If you are currently under the care of a doctor, please specify for what condition(s) _____

Have you been to camp before ? _____ Which one ? _____

How did you hear about this program ? _____

What school will you attend this Fall ? _____ Grade ? _____

Do you have any friends who may be interested in Camp Awakening ?

Name Address Telephone

I declare that my general health is good except as qualified above; that I am capable of performing physical exercise in connection with this program; and that consent is hereby given for my participation in the Camp Awakening program and for any emergency treatment which might become necessary during transportation to or from the Camp or while the program is in progress.

Camp Fees are \$1,375.00 for each session. A deposit of \$200.00 is **required** with each application.

Please indicate if financial assistance will be requested. Yes _____ No _____

Can your child's picture be used for publicity purposes? Yes _____ No _____ (This would not involve publication of any name)

I acknowledge that there is no smoking at camp. Yes _____

Signature of Camper Signature of Parent/Guardian Date

* * * * *

FOR OFFICE USE ONLY

Date Received: _____ Deposit: _____

CAMPERS ... Tell Us What You Think!

1. Why do you want to come to Camp Awakening?

2. How do you feel about swimming in a lake? Do you feel safe and comfortable in canoes and boats?

3. How do you feel about bathroom routines in the out doors?

4. As part of your time at camp you will have the opportunity to go on a canoe trip. It will be short or long depending on your age and experience.

How do you feel about canoe tripping?

5. Sometimes on canoe trips you have to go from one lake to another on uneven ground. Will you need help to do this and if so, how much?

6. What are your strengths? Is there anything special you would like to accomplish at camp?

Name

Signature of Camper

Date

Please mail to: Camp Awakening, 150 Eglinton Avenue East, Suite 204, Toronto, ON M4P 1E8

PARENTS ... Help us understand your child

_____ **Child's name**

1. Does your child have a learning disability?

Yes _____ No _____ If yes, please describe:

2. Describe your child's

a) Social functioning e.g. shy?

How does he or she get along with others?

b) Emotional functioning e.g. immature?

How does your child deal with new settings?

Has your child ever been away from home for an extended period?

c) Behavioural functioning e.g. ADD/ ADHD/ aggressive/ anxious?

Please turn over

Does your child have any fears/phobias? Yes _____ No _____

If yes, please describe:

What happens when your child gets angry?

Is your child ever defiant? Yes _____ No _____

Is your child ever physically aggressive? Yes _____ No _____

Please describe:

3. How well does your child swim?

_____ Non swimmer

_____ Beginner < 100 m

_____ Intermediate > 100 m

_____ Advanced, independent in water

Please note: Camp awakening is a water based program. Your child **MUST** be comfortable swimming in lakes and traveling in boats in order to participate.