



2010

**Camper Application Form Page 2**

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
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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 the publication of any name)

I acknowledge that there is no smoking at camp. Yes \_\_\_\_\_

Signature of Camper	Signature of Parent/Guardian	Date
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\* \* \* \* \*

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Deposit: \_\_\_\_\_

## CAMPERS ... Tell Us What You Think!

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

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2. 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?

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3. Sometimes canoe trips require portages on uneven terrain. Will you need help to portage and if so, how much?

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

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

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

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\_\_\_\_\_  
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:

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What happens when your child gets angry?

Is your child ever defiant? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child ever physically aggressive? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe:

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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.