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 SUMMER: P.O. Box 10008, Huntsville, ON P1H 2H3 - (705) 633-5561

APPLICATION FOR ENROLLMENT - 2017

Camper / CIT Name _____

(Only one Camper/CIT per application)

Parent Names _____

Sessions for Grades 4-10

(as of date of registration)

- | | |
|---|---------------------|
| <input type="checkbox"/> First Session | June 28 - July 24 |
| <input type="checkbox"/> Second Session | July 25 - August 19 |
| <input type="checkbox"/> 6 Weeks (Grades 4-5) | June 28 - August 8 |
| <input type="checkbox"/> Full Summer | June 28 - August 19 |
| <input type="checkbox"/> CIT Full Summer | June 28 - August 19 |

Junior Tamakwa (JT) Sessions

(Grades 1-3 as of date of registration)

- | | |
|--|---------------------|
| <input type="checkbox"/> JT First Session | June 28 - July 24 |
| <input type="checkbox"/> JT 2 Weeks | July 25 - August 8 |
| <input type="checkbox"/> JT Second Session | July 25 - August 19 |
| <input type="checkbox"/> JT 6 Weeks | June 28 - August 8 |
| <input type="checkbox"/> JT Full Summer | June 28 - August 19 |

(* JT 2 weeks is for first-time campers, with an option to complete Second Session)

CONDITIONS OF ENROLLMENT:

- We regret we cannot accept verbal applications.** This application, a Fees & Payment Options form and a Camper/CIT Information Card (unless applying online), completed in full and signed by both parents and/or guardians, must be received with each application. Applications will be accepted in the order in which they are received. APPLICATIONS CANNOT BE CONSIDERED UNLESS ACCOMPANIED BY A DEPOSIT OF \$750 CDN FOR EACH CAMPER/CIT.
- HEALTH INSURANCE** of some type is **mandatory** in every camp accredited by the Ontario Camps Association. Each Camper/CIT and staff member **MUST BE** covered by medical insurance. If you **DO NOT** already have a health insurance plan, we will arrange Camper/CIT insurance at a cost to you of \$100 CDN. Please check appropriate box:
 - We want Camper/CIT Health Insurance.
 - We do not want Camper/CIT Health Insurance; we have our own. Health Card/Health Plan No. _____
- Application may be cancelled with refund of deposit (less \$200 CDN per Camper/CIT for administrative costs) up to **MARCH 1, 2017**. Cancellations made between **MARCH 1, 2017** and **MAY 1, 2017** will result in complete forfeiture of deposit. **Cancellation must be communicated in writing.**
- Reduction of enrollment (from Full Summer to One Session) made before MARCH 1, 2017 will result in an additional charge of \$200 CDN. Reduction of enrollment made between MARCH 1, 2017 and MAY 1, 2017 will result in an additional charge of \$400 CDN. Reduction of enrollment made after MAY 1, 2017 will be considered a cancellation of a session, for which full payment will be owed. Reduction of enrollment must be communicated in writing.**
- Balance of all camp fees are payable on or before **MAY 1, 2017**. Camp reserves the right to cancel enrollment if fees are not paid in full by **MAY 1, 2017**. After **MAY 1, 2017** all fees shall be considered due and owing and no refunds shall be given. The obligations of the camp for its counsellors, employees and general expenses are fixed for the summer, and the absence of a Camper/CIT does not lessen the operating expenses. No refund or reduction of fees will be made for dismissal, withdrawal, cancellation, or reduction of enrollment after **MAY 1, 2017**. No refund or reduction of fees will be made for any late arrivals or early departures for any reason, including any health or medical related reasons.
- Camp reserves the right to dismiss a Camper/CIT when it is deemed to be in the best interest of either the child or camp or for violation of any camp rule. No refunds shall be given under any circumstances after **MAY 1, 2017** for any reason, including any health or medical related reasons.
- I authorize Camp Tamakwa and/or its designated staff to transport my child by bus or otherwise to and from camp, including, but not limited to, travel across the U.S./Canada border, medical purposes and other camp excursions.
- Any additional transportation provided by the camp for any reason shall be paid for by the parents.
- Interest at 1.5% per month shall accrue on all overdue accounts.
- All charges are subject to applicable taxes.
- Camp Tamakwa Inc. is not responsible for damaged, lost or stolen property.
- Parents shall reimburse camp for any intentional or reckless damage or defacement of camp property.
- We hereby consent to Camp Tamakwa Inc. releasing home addresses, phone numbers and email addresses to other camp families for non-commercial communication purposes.
- We hereby consent to Camp Tamakwa Inc. using my child's photographic or video images for promotional and publicity purposes.

To the best of my knowledge my child is in good health and all medical, psychological and/or emotional problems, conditions, or concerns have been fully disclosed to Camp Tamakwa Inc. ("Camp") in writing. Camp shall not be liable for any medical treatment or lack thereof to any Camper/CIT if the medical form is incomplete, contains false information, not received in advance of camp, or if Camp is not advised of any change in health status (in writing) after submission of the health form.

I hereby give permission to the physicians and/or camp staff selected by the Camp Directors, to administer and/or secure medical treatment for my child including but not limited to medication, x-ray, hospitalization, anesthesia or surgery and any transportation for said purpose. I hereby waive, release, absolve, and agree to indemnify and hold harmless Camp from all liability, injuries, or losses arising from my child's stay at camp or participation in the Camp program, including any and all medical care rendered to my child or lack thereof except as results solely from willful neglect. It is my desire my child participate in the full camp program and all activities and confirm that he/she is capable of participating safely in all activities, including but not limited to excursions and wilderness canoe tripping unless a written medical restriction is provided and Camp agrees to said restriction in writing. I acknowledge that such participation involves risks and hazards incidental thereto all of which are assumed by me and my child. I agree to be responsible for any medical expenses beyond that furnished by Camp on behalf of my child.

I give permission for all health information and treatment to be shared with the appropriate Camp staff and outside medical personnel as deemed reasonable and necessary within the discretion of the Camp Director(s). This also grants permission for Camp to contact my child's physician or specialist for consultation and hereby waive any privacy protection accorded by law for the purpose of treating any health condition presented at Camp.

The Courts of Ontario shall have exclusive jurisdiction over any claim, legal dispute or cause of action arising out of my child's stay at Camp or his/her medical treatment, or lack thereof including any relationship with any Camp employee, agent, physician, nurse, or hospital including but not limited to causes of action in tort or negligence. It is hereby agreed any such legal proceedings commenced or filed against Camp, will be held only in the Province of Ontario and I, hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario and will further indemnify and/or reimburse Camp for any legal fees or expenses incurred by Camp challenging jurisdiction in any matter or cause of action filed outside the Province of Ontario. The laws of Ontario shall govern any dispute, or claim.

Any reference to the term Camp above shall be deemed to include all of its employees, medical staff or otherwise, agents, owners, directors and officers. It is further agreed all of the above terms, conditions, and provisions are not only binding upon my child/Camper/CIT, any and all siblings, and all parents/legal guardians, but also upon any heirs, executors, successors or assigns.

I have read and agree to all the above terms and conditions of this application and will ensure the balance of all camp fees will be paid on or before **MAY 1, 2017**.

_____ Date

_____ Signature - Both Parents / Legal Guardians

_____ Signature - Both Parents / Legal Guardians