

2024 Bonfield Summer Camp Registration Form

Phone: 705-776-2641

Website: www.BonfieldTownship.com

Email: officeclerk@bonfieldtownship.com

Casandra Klooster, Recreation & Fitness Committee, Secretary

Steve Featherstone, Camp Director



Please fill in one form per Camper.

CAMPER REGISTRATION INFORMATION					
CAMPER'S NAME (first/middle/last)					
DATE OF BIRTH (M/D/Y)			SEX (M/F)		
CAMPER'S ADDRESS(street name/#)					
APT.#:	CITY:		POSTAL CODE:		
PHONE #:		E-MAIL:			
Is the Parent/Guardian address and contact information the same as Camper? Yes <input type="checkbox"/>					
PARENT/GUARDIAN INFORMATION & PICK-UP AUTHORIZATION					
MOTHER/GUARDIAN'S NAME(first/last)					
ADDRESS (If different from Camper)					
APT.#:	CITY:		POSTAL CODE		
HOME PHONE#	BUSINESS PHONE#		CELL PHONE#		
FATHER/GUARDIAN'S NAME(first/last)					
ADDRESS (If different from Camper)					
APT.#:	CITY:		POSTAL CODE		
HOME PHONE#	BUSINESS PHONE#		CELL PHONE#		
AUTHORIZED PICK UP PERSONS					
NAME: _____		NAME: _____			
PHONE NUMBER: _____		PHONE NUMBER: _____			
<p>Once your registration form has been received, the Township Office will contact you via email with confirmation and payment options.</p>					
PRICES		Bonfield Resident	Non-Resident	Amount Owing for this Camper	How many children from the same household are you registering?
Session 1	July 15th to July 19th, 2024	\$125	\$150		
Session 2	August 12th to August 16th, 2024	\$125	\$150		
Both Sessions		\$225	\$250		
Do you give Bonfield Summer Camp permission to share your child's photo on the Bonfield Summer Camp on-line platforms?					Yes No
Staff initial below to authorize that all forms have been completed properly.					
Staff Name		Initial		Date	
PLEASE ENSURE THESE FORMS ARE FILLED OUT IN FULL! ITS YOUR CHILDS SAFTEY AT RISK!					

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If possible, please attach a recent photo of your child for identification purposes.

EMERGENCY INFORMATION																		
Camper's Name		Ontario Health Card#																
Doctor's Name	Doctor's Phone	Dentist's Name	Dentist's Phone															
Emergency Contact(other than parent) NAME	Home Phone	Business Phone	Cell Phone															
HEALTH HISTORY AND PERSONAL INFORMATION																		
<p>The more information you can provide, the better we can meet the needs of your child. This information will be used by the camp staff. If there is additional information of a sensitive nature, please feel free to send a separate letter marked "confidential" to the attention of the Camp Director. Whatever information you send to us will be treated with confidence and respect.</p>																		
Vaccination: What is the approximate date of your child's Last booster shot? ____/____/____ History of Communicable Diseases and Approximate Dates:		Is the Camper under any form of treatment for an illness, condition or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail treatment and medications to be used at camp....																
Chicken Pox ____/____/____	Measles ____/____/____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Allergies</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Drugs</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Food</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Insects</td> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> </table>		Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insects	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
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Food	<input type="checkbox"/> Yes			<input type="checkbox"/> No														
Insects	<input type="checkbox"/> Yes			<input type="checkbox"/> No														
Mumps ____/____/____	German Measles ____/____/____																	
Scarlet Fever ____/____/____	Hepatitis ____/____/____																	
Mononucleosis ____/____/____	Other ____/____/____																	
Carries ANA kit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Carries Epi-pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Yes</td> <td style="padding: 2px;"><input type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
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<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
Carries Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears Medic-Alert <input type="checkbox"/> Yes <input type="checkbox"/> No																	
For:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Diabetes</td> <td style="padding: 2px;"><input type="checkbox"/> Epilepsy</td> <td style="padding: 2px;"><input type="checkbox"/> Knee</td> <td style="padding: 2px;"><input type="checkbox"/> Asthma</td> <td style="padding: 2px;"><input type="checkbox"/> Sight</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Hypertension</td> <td style="padding: 2px;"><input type="checkbox"/> Kidney trouble</td> <td style="padding: 2px;"><input type="checkbox"/> Back</td> <td style="padding: 2px;"><input type="checkbox"/> Ear Infections</td> <td style="padding: 2px;"><input type="checkbox"/> Emotional</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Bleeding/Clotting</td> <td style="padding: 2px;"><input type="checkbox"/> Skin conditions</td> <td style="padding: 2px;"><input type="checkbox"/> Injury</td> <td style="padding: 2px;"><input type="checkbox"/> Hearing</td> <td style="padding: 2px;"><input type="checkbox"/> Behavioural</td> </tr> </table>		<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Knee	<input type="checkbox"/> Asthma	<input type="checkbox"/> Sight	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Back	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Emotional	<input type="checkbox"/> Bleeding/Clotting	<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Injury	<input type="checkbox"/> Hearing	<input type="checkbox"/> Behavioural
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<input type="checkbox"/> Bleeding/Clotting	<input type="checkbox"/> Skin conditions			<input type="checkbox"/> Injury	<input type="checkbox"/> Hearing	<input type="checkbox"/> Behavioural												
Other Health Issues (please check all that apply):																		
Explanation of above dietary needs or restrictions: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other Please provide details: _____ Needed Medications: _____		<p>Please sign below giving permission for senior staff to administer your child's medication if needed. Signature of Parent/Guardian: _____</p> <p>Please sign below giving permission for senior staff to administer Benadryl for allergic reactions. Signature of Parent/Guardian: _____</p> <p>Please add any special instructions: _____</p>																
<p style="text-align: center;">Please use the back of this page, or attach additional pages if needed!</p> <p style="text-align: center;">ALL MEDICATIONS MUST BE CLEARED AND CHECKED BY THE CAMP DIRECTOR PRIOR TO THE START OF EACH CAMP DAY!</p>																		

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Steve Featherstone, Camp Director



Registration Process

- Registration forms are accepted on a first come first serve basis.
- If registering multiple children from the same family, please indicate on each form.
- Priority will be given to residents of Bonfield until June 1st, 2024.
To qualify as a Bonfield Resident, the Camper must have a Bonfield address.
- Non-Residents will be put on a wait-list until after June 1st, 2024.
- Once your registration form has been received the Township Office will contact you via email with confirmation and payment details.
- Full payment is required to save the Camper's spot.
- Incomplete registrations will not be processed until missing information is completed in full.
- Cancellation: Refunds can be issued up to two weeks prior to the session's start date.

Payment Details

- **Township Office:** Debit, Credit or Cash.
- **Phone:** Call the Township Office at 705-776-2641 and pay via credit card.
- **Online:** www.BonfieldTownship.com. Select: "Make a Payment Online"
If choosing this option, select Summer Camp 2024 and use the following as a roll number 4826-000-000-00000-0000 (ensure to include the hyphens)
In the description, please indicate the Campers name(s), and your phone number.
- **E-transfer:** webmaster@bonfieldtownship.com.
If choosing this option, please use "camp" in all lowercase letters for your security answer.

If you have any further questions, please call 705-776-2641 or email officeclerk@bonfieldtownship.com

Code of Conduct

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff, the activities that your child will engage in as a participant at Bonfield Summer Camp may involve risk-risk in choices made and any physical activity undertaken by the participant. As a condition of being allowed to participate in Bonfield Summer Camp, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant's senses at any time during the program. A Participant's possession or consumption of alcohol, tobacco products, illegal or harmful substances will result in immediate dismissal from the program. You agree that no refunds will be granted for participants dismissed from camp for possession or consumption of these substances. You agree that intentional participant behaviour that puts the camper or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of Bonfield Summer Camp's Director. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

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Authorization

The Township of Bonfield is not responsible for any bodily injury/death, loss or damage to personal property suffered by the participant either before, during or after the program; unless such injury is the direct and sole result of proven negligence on the part of the Township of Bonfield. The safety of each individual is of the utmost importance to us. In order to ensure the safety and well-being of all participants, the Township of Bonfield reserves the right to alter the program at any time without compensation to participants, parents/guardians. In registering, I am permitting my child (PRINT NAME) _____ to attend Bonfield Summer Camp. I, the undersigned parent or guardian, have provided a complete health history and permit my child to participate in the full range of camp activities, except as noted in the provided camper information. In the event of accident, injury or illness, I authorize the Camp Director and his/her designates to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, injections, anesthesia and/or surgery, as he/she may deem essential for the care and well-being of the camper. Such action is to be taken only when immediate contact with the undersigned or any authorized emergency contacts cannot be made. I have read and understand the payment procedures. I have read and understand the code of conduct as detailed on this page. I agree that the health history record is correct to the best of my knowledge and the participant has permission to engage in all activities, except as noted.

Any further details that will help the Camper have an excellent experience?

**PLEASE RETURN COMPLETED REGISTRATION FORMS IN PERSON OR EMAIL TO:
OFFICECLERK@BONFIELDTOWNSHIP.COM**

Signature of Parent/Guardian

Parent/Guardian Name (printed)

Date

Township of Bonfield Privacy Statement: We are committed to protecting personal information by following responsible information handling practices in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about Bonfield Summer Camp programs or service in which you are registered, and to satisfy government and regulatory obligations.