



CAMP WINNEBAGO

CAMPER'S APPLICATION FORM

Director: Ilyse Lustig

Senior Directors: Ben and Jill Lustig

10 Dewbourne Avenue, Toronto M5P 1Z2 Telephone 416-780-0081

Date _____ 20 _____

PLEASE PRINT CLEARLY

Camper's Name _____
SURNAME GIVEN NAMES POPULARLY KNOWN AS

Address _____
STREET AND NUMBER CITY PROV. OR STATE POSTAL OR ZIP CODE

Date of Birth _____ Gender _____
MONTH DAY YEAR

Health Card No. _____ School _____ Grade Completed by Camp Time _____

Parent 1

Full Name: _____

Occupation: _____

Email: _____

Parent 1 Cell: _____

Home Tel: _____

Parent 2

Full Name: _____

Occupation: _____

Email: _____

Parent 2 Cell: _____

Camper's Email: _____

Is there a separation in the family? No Yes

If yes to either, who has custody? _____

Is there a divorce in the family? No Yes

Will you require Camp Winnebago to send duplicate information to a former spouse or guardian? No Yes

Name: _____ Relationship: _____ Tel: _____

Address _____
STREET AND NUMBER CITY PROV. OR STATE POSTAL OR ZIP CODE

T-Shirt Size: Youth: S M L Adult: S M L XL This is my _____ Year at Winnebago

Are there any campers in particular with whom your child desires to be grouped? Please state names in order of preference

1. _____ 2. _____ 3. _____ 4. _____

Sometimes we are unable to place campers exactly where they want to be but we do our best.

I am applying for the following period – (please check accordingly) See the attached Rates & Dates Page for specific information

FULL SEASON

JULY ONLY

AUGUST ONLY

TWO WEEKS

A deposit is required with each application. Please make cheques payable to Camp Winnebago. Deposit is refundable, less an administrative fee of \$250.00 if application is withdrawn before November 1st; \$750.00 after November 1st. After January 1st, the full deposit is forfeited. There are no refunds for cancellations after May 1st or for campers leaving early during camp season. If there is a breach of camp policy, there will be no refund of camp fees.

If you have enrolled your child for a Full Season space, changing to one month during the year is not always possible. In many instances, there are Full Season applications on our Waiting-List, and we are obligated to fill the Full Season spot rather than leaving one month vacant. If you reduce your registered session length a penalty of \$500.00 will be charged since we would be holding that spot for your child and not allowing another camper to enroll for that period.

We reserve the right to refuse enrollment or dismiss a Camper if it is in the best interest of the Camper and/or the Camp. We cannot make allowances for children arriving late or leaving early. We also regret we cannot be responsible for any loss or damage to Campers' belongings.

I desire my child to participate in the full camp program and all activities, including horseback riding and outtrips, unless I advise the Camp otherwise in writing. I agree to release and indemnify Camp Winnebago Inc. from any and all claims for damages arising as a result of any accident, injury or otherwise sustained by the aforementioned child due to participation in any camp activities. If for any reason my child requires medical attention or special medication beyond that furnished by the Camp, I agree to be responsible for any expenses incurred.

Medical History:

Does your child have any medically diagnosed conditions or any other historical of medical conditions (including physical or emotional conditions or concerns): _____

Disclosure: I _____ certify that all the information in this application is accurate and complete.

I understand that Camp Winnebago reserves the right to revoke enrolment if the above statement is not accurate.

I AGREE TO PAY THE BALANCE OF THE CAMP FEE ACCORDING TO THE PAYMENT SCHEDULE

Space for Office use only.

Parent's Signature _____