



# CAMP WABIKON

Winter: 48 Delhi Avenue, Toronto, Ontario M5M 3B7 Canada  
 (416) 483 3172 Fax: (416) 483 4345  
 Summer: Temagami Island, Temagami, Ontario P0H 2H0 Canada  
 (705) 237 8940  
 email: info@wabikon.com

SESSION REQUIRED	
A 3 weeks	<input type="checkbox"/>
Interest in possible extended canoe trip	<input type="checkbox"/>
Introductory Week A	<input type="checkbox"/>
B 3 weeks	<input type="checkbox"/>
Interest in possible extended canoe trip	<input type="checkbox"/>
Introductory Week B	<input type="checkbox"/>
C 10 days	<input type="checkbox"/>
CIT 6 weeks	<input type="checkbox"/>

## CAMPER REGISTRATION FORM

COMPLETE SEPARATE FORM FOR EACH CAMPER

Name: \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_ Health # \_\_\_\_\_  
(month) (day) (year)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
(this summer) (next September)

Camper Mailing Address: \_\_\_\_\_  
STREET & APT. NO TOWN OR CITY

Home Phone: \_\_\_\_\_  
PROV. OR STATE POSTAL OR ZIP CODE COUNTRY

E-mail: \_\_\_\_\_  
PARENT CAMPER

With whom does camper reside? (Both parents, Mother, Father, Guardian) \_\_\_\_\_ Home Fax: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Mrs./Ms./Dr. etc

Address (if different from above) \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Mr./Dr. etc

Address (if different from above) \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

To whom should bill be sent? \_\_\_\_\_

### PLEASE INDICATE YOUR REQUIREMENTS FOR EACH OF THE FOLLOWING:

- MEET & GREET (for campers travelling to Toronto by plane)
- TRANSPORTATION Toronto Return  or, to camp ONLY  or, from camp ONLY   
 Montreal Return  or, to camp ONLY  or, from camp ONLY   
 Ottawa Return  or, to camp ONLY  or, from camp ONLY
- TUCK DEPOSIT \$ \_\_\_\_\_ (suggested deposit: total \$75 session A or B, \$30 session C)

Has applicant previously attended Camp Wabikon? Yes  No  What years? \_\_\_\_\_

Other camps attended: \_\_\_\_\_



Should you wish camp information mailed to any of your friends or relatives, please list their names and addresses:

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Please tell us how you first heard about Camp Wabikon (advertisement, personal reference, camp fair, etc.)

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### CONDITIONS

1. **\$300.00 deposit PER CAMPER/PER SESSION must accompany each registration.**
2. **A formal acceptance is mailed to the parent or guardian for each camper enrolled.**
3. **Enrolment may be cancelled on or before May 1st. and the registration fee will be refunded, less a \$75.00 administration fee. Refunds will NOT be made for campers or C.I.T.'s sent home early for misconduct.**
4. **No reduction for any reason is allowed for campers arriving late, or leaving early in the period for which they are registered.**
5. **Any deviation from the foregoing will be at the discretion of the Camp Director.**

PLEASE NOTE: ALL CHEQUES PAYABLE TO CAMP WABIKON SHOULD BE SENT TO THE TORONTO OFFICE.

A Parent Information package with details of Transportation, Clothing List, Medical Form, Confidential Information Form, and "Parent Guide" will be sent after acceptance of Camper Registration.

#### PARENT STATEMENT/AUTHORIZATION:

Enclosed is my cheque for \$ ..... to apply to camp fees. I understand that this deposit, less \$75.00 administration fee, will be returned if withdrawal is made before May 1, and full deposit will be returned if registration cannot be accepted.

I agree to pay the balance of camp fees by May 1st. I accept the conditions outlined on this application.

I desire my child to participate in the full program and all activities unless I advise you otherwise in writing. I agree that, having taken such precautions as in your discretion are deemed advisable, you shall not be held responsible for any accident or sickness to my child. If, for any reason, my child requires medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. In addition to completion of the Health Declaration required by Wabikon (sent following receipt of camper application), I agree to discuss all unique dietary and health considerations with the Directors and forward appropriate documentation as necessary.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_  
month / day / year

**NO CAMPER WILL BE ACCEPTED WITHOUT THE SIGNATURE OF A PARENT/GUARDIAN, OR THEIR DESIGNATED REPRESENTATIVE.**

**NO CAMPER WILL BE ACCEPTED WITHOUT PAYMENT IN FULL PRIOR TO ARRIVAL**