



# 2012 Summer Camp Application Form

Complete a separate application form for each camper.

FOR YOUR CONVENIENCE, CHECK AVAILABILITY AND REGISTER ONLINE

[www.medeba.com](http://www.medeba.com)

PLEASE PRINT

Camper's Name: \_\_\_\_\_  Male  Female

Camper's Year-round Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ PC/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Family Email: \_\_\_\_\_

Health Card # or Health Insurance Info: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of December 31, 2012: \_\_\_\_\_ Grade in September, 2012: \_\_\_\_\_  
MONTH DAY YEAR

Name of person filling in application: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Father/Male Guardian's Name: \_\_\_\_\_

Phone Numbers: Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Business ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ Mother/Female Guardian's Name: \_\_\_\_\_

Phone Numbers: Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Business ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency phone number while camper is at camp (if different than above): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cabin Mates: We will try to put friends in the same cabin group, but cannot guarantee it. Please list cabin mates below:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Has the camper ever been to a Medeba summer camp program before?  Yes  No

How did your family first hear about Medeba? Please be specific. \_\_\_\_\_

Church (if attending): \_\_\_\_\_

## Parent or Guardian Consent

1. My child is in good physical and emotional health, and amenable to normal camp authority.
2. I, as a parent or guardian, have legal custody of the child applying to Medeba.
3. My child will leave all personal electronic devices at home while at Medeba.
4. I am responsible for payment of fees and any other expenses incurred by my child.
5. Permission is granted for my child to participate in all Medeba activities.
6. Permission is granted to provide normal medical attention to my child, if needed.
7. Permission is granted for Medeba to use any photograph of my child for their promotional material.
8. I, as the parent or guardian, of the herein named camper, release Medeba, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage of the herein named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein named camper. Each camper must be covered by their provincial health plan or equivalent medical insurance.
9. By providing personal information I understand and agree with Medeba's privacy policy as outlined at [www.medeba.com/privacypolicy.html](http://www.medeba.com/privacypolicy.html).

I have read and understand the above Parent or Guardian Consent, the conditions of enrollment, and cancellation policies of Medeba

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Calculating Fees

Please complete a separate application form for each camper.

Program Name \_\_\_\_\_

Date \_\_\_\_\_

Fee \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Program Fee before tax: (add total cost of each program) \_\_\_\_\_ (A)

Payment Plan Discount: (see below, **Overnight Camps** only)

\_\_\_ week(s) x  \$60 for Plan #1  \$30 for Plan #2 \_\_\_\_\_ (B)

Total Program Fee after Discount: (A) - (B) \_\_\_\_\_ (C)

Taxes: Overnight Camps & Day Camp 13% HST of (C) \_\_\_\_\_ (D)

Total Program Fees Due: (C) + (D) \_\_\_\_\_ (E)

## Activity Fees:

Fee

Adventure Club(s): only one per week: (Venture & Nitro Programs)

Week 1 \_\_\_\_\_

Week 2 \_\_\_\_\_

Adventure Tour(s): (Discovery, Venture & Nitro Programs)

Choice 1 \_\_\_\_\_

Choice 2 \_\_\_\_\_

Mountain Bike Rental: (Discovery, Venture & Nitro Programs) \_\_\_ week(s) x \$21 \_\_\_\_\_

Woodworking: (Discovery, Venture & Nitro Programs) \_\_\_ week(s) x \$19 \_\_\_\_\_

Total Activity Fees before tax: (add cost of each activity) \_\_\_\_\_ (F)

Taxes: 13% HST (F) \_\_\_\_\_ (G)

Total Activity Fees: (F) + (G) \_\_\_\_\_ (H)

## Other Fees: (Taxes included in these fees)

Fee

Laundry: \_\_\_ load(s) x \$7.75 \_\_\_\_\_

Cabin Group Picture: \_\_\_ program(s) x \$8.50 \_\_\_\_\_

Memory CD ROM: \_\_\_ x \$11.00 \_\_\_\_\_

Camp Store Spending Money: (amount to be deposited into account) \_\_\_\_\_

Day Camp Lunch: \_\_\_ program(s) x \$30 \_\_\_\_\_

Total Other Fees: (add total cost of each of the "Other Fees") \_\_\_\_\_ (I)

**Grand Total Due:** (E) + (H) + (I) \_\_\_\_\_ (J)

Deposit: \_\_\_ week(s) attending x \$200 (Day Camp \$75) payable at time of application \_\_\_\_\_ (K)

Balance of Fees: (J) - (K) Note: Full fees due at time of application if applying after April 1 st or choose plan #4 \_\_\_\_\_ (L)

Payment Plans:

Plan #1, Pay Balance of Fees (L) by  credit card or  cheque payable by December 31, 2011 (save \$60 per week)

Plan #2, Pay Balance of Fees (L) by  credit card or  cheque payable by February 29, 2012 (save \$30 per week)

Plan #3, Pay Balance of Fees (L) by  credit card or  cheque payable by April 1, 2012

Plan #4, Pay Balance of Fees (L) by  credit card or  cheques payable on a monthly basis:

(L) ÷ \_\_\_ months (until July 1st) Amount of monthly payment due 1<sup>st</sup> of each month: \$ \_\_\_\_\_

## Bill these charges to:



Name on Card: \_\_\_\_\_

Account # \_\_\_\_\_ Expiry Date: \_\_\_\_\_



Signature: \_\_\_\_\_