



# REGISTRATION FORM PHYSICAL FITNESS CERTIFICATE AND PARENT CONSENT FORM

**RUSKOKA CAMP 2007**  
July 29 - August 11, 2007  
1312 Colony Rd., Bracebridge, Ontario

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This form is to be filled out by the parent or guardian of the camper.

The early-bird registration fee (paid before July 1, 2007) is \$480 for campers (11-17) and \$240 for pre-approved Jr. Counsellors (age 17). Pre-approved Sr. Counsellors (age 18+) are at no cost. A deposit (\$100) to secure the camper's place is recommended and should be sent with the form before June 1, 2007. The balance of payment must be received NO LATER THAN July 1, 2007.

The regular registration fee (after July 1, 2007) is \$600 for campers (11-17), and \$300 for Jr. Counsellors (age 17) and Sr. Counsellors (age 18+). Note that there is a mandatory additional fee of \$10 per camper for the camp uniform T-shirt.

Please mail the completed form (with attached cheques made payable to Ruskoka, or VISA information) to:  
Ruskoka Camp Registration, c/o 18 Fernalroy Blvd., Toronto ON M8Z 3V8.

Camper's Name \_\_\_\_\_  
Last First

Camper's Birth Date \_\_\_\_\_  
Year Month Day  Male  Female

Camper's E-mail: \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_  
Last First

Parent's Address \_\_\_\_\_  
Number/Street City Province/State Postal Code/ZIP

Parent's Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

**Emergency Contact:** *If you will be away from your normal place of residence during the camp, indicate where you can be contacted:*

Alternate Name: \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Address \_\_\_\_\_

### Payment included:

Either  Include full-payment cheque for \$480.00 payable to "Ruskoka" to 18 Fernalroy Blvd., Toronto, ON M8Z 3V8  
or  Include deposit cheque for \$100.00 payable to "Ruskoka" to 18 Fernalroy Blvd., Toronto, ON M8Z 3V8  
or  Fill in the following: VISA Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Signature of Cardholder \_\_\_\_\_ Name on the card \_\_\_\_\_

Please check VISA amount  \$600  \$480  \$240  \$100

Note: Campers are requested, if at all possible, to bring their own mountain bikes, bicycle helmets, lifejackets and combination locks for locker racks.



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Physician's (Family Doctor's) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

OHIP Card (or Medical Plan, please specify) Number \_\_\_\_\_

**Does the camper have any allergies? Please check  $\checkmark$**   NO  YES *If yes, please indicate below:*

- |                                   |                                 |                                       |
|-----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Food   | <input type="checkbox"/> Insect Bites |
| <input type="checkbox"/> Plants   | <input type="checkbox"/> Toxins | <input type="checkbox"/> Animals      |
| <input type="checkbox"/> Smoke    | <input type="checkbox"/> Other  | Details: _____                        |

**Has the camper had any of the following? Please check  $\checkmark$**   NO  YES *If yes, please indicate below:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Mumps           | <input type="checkbox"/> Chicken Pox   |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Kidney Disease  | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Other _____   |

**Is the camper subject to any of the following? Please check  $\checkmark$**   NO  YES *If yes, please indicate below:*

- |                                 |   |  |                                       |                                     |
|---------------------------------|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Motion Sickness    | <input type="checkbox"/> Ear Problems    | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Convulsions        | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Cramps | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Back Problems   | <input type="checkbox"/> Other _____  |                                     |

**Does the camper have any disabilities or behavioral concerns? Please check  $\checkmark$**   NO  YES *If yes, please indicate below:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Disability  | <input type="checkbox"/> Severe Moodiness |
| <input type="checkbox"/> Temper Tantrums     | <input type="checkbox"/> Attention Deficit  | <input type="checkbox"/> Hyperactive      |
| <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Emotional Disorder | Details: _____                            |

**Does the camper require special care, medication or diet? Please check  $\checkmark$**   NO  YES *If yes, please indicate below:*

Details: \_\_\_\_\_  
\_\_\_\_\_

**Date of most recent physical examination (month and year):** \_\_\_\_\_

**Date of last Tetanus shot (month and year)** \_\_\_\_\_

**Has it ever been necessary to restrict the campers activities for medical reasons? Please check  $\checkmark$**   NO  YES

*If yes, please indicate details:* \_\_\_\_\_  
\_\_\_\_\_

**Camper's previous Russian camp experience:**

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Camper                                    | Number of years: _____ |
| <input type="checkbox"/> Junior Counselor / Team Leader / Zvenovoi | Number of years: _____ |
| <input type="checkbox"/> Senior Counselor                          | Number of years: _____ |

- |                                     |                                      |                                  |                                       |  |                                     |
|-------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--|-------------------------------------|
| <b>Camper's swimming abilities:</b> | <input type="checkbox"/> Non swimmer | <input type="checkbox"/> Swimmer | <input type="checkbox"/> Good swimmer | <input type="checkbox"/> Certified Lifeguard |                                     |
| <b>Camper's singing voice:</b>      | <input type="checkbox"/> Soprano     | <input type="checkbox"/> Alto    | <input type="checkbox"/> Tenor        | <input type="checkbox"/> Bass                | <input type="checkbox"/> Don't know |
| <b>Musical instruments:</b>         | <input type="checkbox"/> Piano       | <input type="checkbox"/> Guitar  | <input type="checkbox"/> Other _____  |  |                                     |



# REGISTRATION FORM PARENT CONSENT FORM AND LIABILITY WAIVER FORM

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**Parent / Guardian Consent for Emergency Medical Treatment:**

During summer camp activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the camp director, or designate, to make arrangements for qualified surgical or medical attention for my child in the event of an emergency, without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

**Parent / Guardian Consent to participate:**

I, the undersigned, after having read, understood and completed the above, hereby give my permission for my child to attend Ruskoka Camping, held at 1312 Colony Rd., Bracebridge, Ontario, from July 29 to August 11, 2007.

\_\_\_\_\_  
Parent or Legal Guardian's **Signature**

\_\_\_\_\_  
**Date** (Year / Month / Day)

\_\_\_\_\_  
Signature/recommendation of Parish Priest

**Acknowledgement of responsibility and liability waiver**

*This waiver is to be completed by the parent/guardian of the camper if camper is less than 18 years of age (or by the camper if 18 years of age or older), and signed and witnessed by a Ruskoka representative.*

In consideration of approval to participate in Ruskoka Camp, the camper or his/her parent/guardian hereby releases and holds harmless Ruskoka Orthodox Retreat (Ruskoka Camp), its Board of Directors, directors, officers, agents and employees, successors and assigns from any and all liability for any loss, damage, injury or expense that the participant may suffer, or that next of kin may suffer, as a result of the participant's participation in this program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of God, war, civil unrest, sickness, transportation, scheduling and government restrictions or regulations.

The camper or his/her parent/guardian agrees to hold harmless Ruskoka from any and all liability for any damage to property of, or personal injury to, any third party, resulting from participation in the program.

It is understood that it is the responsibility of the participant to abide by the Ruskoka Camp rules and, having read this document, the camper or his/her parent/guardian agrees to and is bound by its conditions.

The camper or his/her parent/guardian has read and understands this agreement.

\_\_\_\_\_  
**Date** (Year / Month / Day)

Camper's **Name** \_\_\_\_\_

Last

First

Parent or Legal Guardian's **Name** \_\_\_\_\_

Last

First

\_\_\_\_\_  
Parent or Legal Guardian's **Signature**

OR

\_\_\_\_\_  
Camper's Signature (if camper over 18)

\_\_\_\_\_  
Ruskoka Representative **Signature**

\_\_\_\_\_  
Print name of Ruskoka Representative