



**Instructions:**

1. **Please read carefully and complete and sign all sections**
2. *The Medical Information Form – **MUST BE COMPLETED***
3. **ALL Medication must be in the original packaging or in blister packs for dispensing from the nurse.**
4. **Consent and Release **MUST BE SIGNED****
5. *Camper registration is \$55.00 to be paid by VISA/MASTERCARD **prior to departure***
6. *Sighted Guide Info: a camper must be able to take care of their own needs; otherwise you are expected to provide your own personal guide. Registration is \$55.00 for all camp participants and guides.*
7. *We have a zero tolerance policy for drugs, drinking and bad language.*

**Conditions of Enrollment**

1. *The camp director reserves the right to dismiss any camper who he deems to pose a potential risk to the safety and rights of others, or who appears to have rejected the reasonable rules of the camp.*
2. *The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated to the camp in writing and a photocopy of the court order referring to visitation rights will be submitted. This information will be kept confidential.*
3. *Every precaution is taken to insure the safety and good health of our campers, but in the event of illness or accident, Camp Frenda and the Ontario Conference of Seventh-day Adventists, including the camp directors and their staff, and the employees of facilities outside of the camp grounds are released from liability. Each camper must be covered by Provincial Health or the equivalent medical insurance.*

## BLIND CAMP APPLICATION 2022

4. *In the event that any camper requires special medications, X-rays, or treatment beyond that which the camp provides, the parents/guardians will be notified immediately. Parents/guardians will also be informed of any additional charges for this special care.*
5. *I hereby consent and authorize the Ontario Conference of Seventh-day Adventists Ministry of Compassion department and Camp Frenda to use my name as well as photos for the purpose of news release, advertising or publicity/promotional uses.*
6. *We cannot guarantee a total peanut free environment. Campers with those allergies will be safe guarded accordingly.*
7. *Parents/guardians who drop their camper off are asked to leave once the camper has been settled into the program.*
8. *Please include a clear photocopy of the campers' health card and all other insurance information.*
9. *Transportation is available from:*
  - a. *The Ontario Conference Office in Oshawa - **leaving at 12 pm**  
1110 King Street East, Oshawa L1H 1H8*
  - b. *Crawford Adventist Academy in Toronto - **leaving at 2pm**  
531 Finch Ave West, Willowdale, ON M2R 3X2*
10. *The bus departure time is 12 pm from Oshawa and 2pm from Crawford Academy.*
11. *Campers being driven to Camp Frenda are to arrive between 4:00pm and 5:00 pm.*
12. *We will not be responsible for the care and safety of personal electronic items such as Gameboys, PSP, iPhones, cell phones iPads, iPods, or any other personal items of value.*

**Any questions please contact Shantal at 905.571.1022 Ext 111**

**Or via email: [ssmall@adventistontario.org](mailto:ssmall@adventistontario.org)**

**Please return all forms no later than May 30, 2022 to:**



BLIND CAMP APPLICATION 2022  
Ministry of Compassion – Blind Camp 2022

Attention: Shantal Small 1110 King Street East, Oshawa, ON L1H 1H8

**Consent and Release**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

*I release the camp management, staff and the Ontario Conference of Seventh-day Adventists from all liability in case of an accident, illness or death and do further indemnify and hold harmless such entities and persons from such claim.*

*In case of medical emergency, I hereby give permission to the physician selected by the Camp Director or health care personnel to secure proper treatment and/or to hospitalize as deemed necessary.*

\_\_\_\_\_  
*Initials*

*I agree not to engage in illegal drugs, alcohol, tobacco products, firearms, explosives and sexual promiscuity.*

*Camp Frenda will be notified 3 weeks in advance if the camper has been exposed to a communicable disease.*

**Transportation:**

*I will drive the camper to camp* \_\_\_ Yes \_\_\_ No

*Camper will ride the bus from* \_\_\_\_\_ **OR** \_\_\_\_\_ *Crawford Academy* \_\_\_ Yes \_\_\_ No

*Camper will return by the bus to:* \_\_\_\_\_ **OR** \_\_\_\_\_ *Crawford Academy* \_\_\_ Yes \_\_\_ No



BLIND CAMP APPLICATION 2022



**Lodging:**

**Basic Camper Fee is \$55 for all campers. The cost to stay in the main lodge is an additional \$100.00**

Do you want to stay in the lodge?  YES  NO

If Yes, Preferred roommate \_\_\_\_\_

If not choosing a roommate do you have someone you do not wish to room with?

**REGISTRATION AND PAYMENT**

- Registration funds of \$55.00 **MUST** be sent with this application or you will not be registered. If you are unable to do this, please call Shantal to work out other arrangements.
- If staying in the lodge please add \$100.00 for a total of \$155.00

**Total Payment Amount:** \_\_\_\_\_

**Payment Method:**

Cash  Certified Cheque  VISA  MASTERCARD

Visa # \_\_\_\_\_ Expiry \_\_\_\_\_ 3 digits on back \_\_\_\_\_

Master Card # \_\_\_\_\_ Expiry \_\_\_\_\_ 3 digits on back \_\_\_\_\_

**Signature/Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am  Parent  Legal Guardian  Adult Camper  Caregiver

- Campers under 18 years of age **must** have parents or guardians signature.



## BLIND CAMP APPLICATION 2022

<b><i>For office use only</i></b>	<i>Date Received</i>	<i>Processed</i>	<i>Date</i>	<i>Status</i>
<b><i>Payment Amount/Type \$</i></b>  <i>Cash</i> <i>Cheque</i> <i>Credit Card</i> <i>Visa</i> <i>Mastercard</i>		<i>Moneris</i> <i>Shleby</i>		
<i>Forms completed</i>	<i>Application</i>	<i>Yes</i> <i>No</i>		
	<i>Medical</i>	<i>Yes</i> <i>No</i>		
<i>Tshirt</i>	<i>Size</i>	<i>Ordered</i>		
<i>Notes:</i>				