



# **Bob Rumball Camp of the Deaf**

**Attached you will find our Camper application and information package for the Summer of 2012. Please read and fill out all the necessary information.**

## **New information for 2012.**

- **Session A begins on Friday June 29<sup>th</sup>**
- **All Programs will run for 14 days Friday to Friday**
- **Transportation will be provided only on June 29<sup>th</sup> to camp, July 13 from camp and returning to camp, July 27 from camp and returning to camp, August 3<sup>rd</sup> return trip from camp.**
- **We are not offering 1 week program for Senior or Junior Session Special Needs is 1 week**
- **Subsidy requests must be made by May 11 2012. Requests must be made in writing with justification of your need. Approvals of subsidies are at the discretion of the Camp Director. Subsidies of up to 50% of campers fees are offered.**
- **The Barrie location for pick up and drop off on June 29<sup>th</sup>, July 13<sup>th</sup>, July 27<sup>th</sup> and August 3<sup>rd</sup> will be the parking lot of the South end Wal-Mart on Mapleview. See attached for exact location.**
- **Drop off times at camp are between 4pm and 6pm, we ask parents to drop their camper and leave so that their child can get settled into the program.**
- **Parental visits on other than pick up or drop off days must be arranged and approved by the Camp Director, Derek Rumball.**
- **Note that the information you have provided regarding transportation will be strictly adhered to in an attempt to insure the safety of your child. Any changes to the above information must be made in writing a full day prior to your child's last day at camp and faxed to 416 447-7465 and or scanned and emailed to deafcamp@bobrumball.org. It must show a hand written signature of the parent, guardian or caregiver.**
- **If there is any dispute your child will remain at camp and it will be your responsibility to pick him/her up.**
- **An additional charge of \$80.00/day will be incurred by the parent.**
- **We will not be responsible whatsoever for the care and safety of personal electronic devices such as, game boys, PSP, blackberries or cell phones, iPods, iPads or any other personal items of value that should have been left at home**
- **Your camper will not need any money. The Tuck shop is included in your camp fee.**

**Our Senior Camp Program is targeted towards our 13 to 17 year olds. It is highly recommended that if a Camper has the ambition of being staff at the camp when they are 16, which they enroll in the Senior Camp Program.**

**Again for 2012 for our Hearing High School students will be given an opportunity to enroll in a Sign Language Immersion program from July 6th to July 13th. For more information contact Sign Language Services at [sls@bobrumball.org](mailto:sls@bobrumball.org) or call 416 449 9651. There is a separate fee charge with a discount for those students volunteering at camp.**

**Our Junior program is targeted for our 5 to 12 year olds. All campers will have the opportunity to participate in activities that include typical camp activities from arts and crafts, swimming and canoeing to the more physically active and competitive activities such as water skiing, wake boarding and outdoor adventures. For more information please visit the website [www.deafcamp.ca](http://www.deafcamp.ca).**

**Our Special Needs Campers. It is for children and adults and is a more relaxed "resort" type environment. Campers who require 1:1 workers and have special housing requests will be dealt with on a first come first serve basis. There is limited accommodations and everyone's request will be taken into consideration. Agency staff that are 1:1 are required to pay an additional \$140.**

**Incomplete applications do not secure your campers position at camp. Please see the check list.**

**Complete applications must be mailed or dropped off at  
we cannot accept email or faxed applications  
Mail or Drop off at**

**Bob Rumball Camp of the Deaf  
2395 Bayview Avenue  
Toronto, Ontario  
M2L 1A2**

## Camper Application 2012

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ SEX \_\_\_\_\_ DEAF

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ HEARING  HARD OF HEARING

POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

### PARENT GUARDIAN/AGENCY

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ PHONE \_\_\_\_\_

RES# \_\_\_\_\_ BUS# \_\_\_\_\_ OTHER \_\_\_\_\_

### PARENT/GUARDIAN IF DIFFERENT      EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

RELATION TO CAMPER \_\_\_\_\_

IF PARENTS ARE SEPARATED OR DIVORCED, ARE THERE ANY SPECIAL VISITATION ARRANGEMENTS? \_\_\_\_\_

**SESSION REQUESTED** SENIOR  JUNIOR  SPECIAL

### TRANSPORTATION

**Please indicate clearly in the appropriate box below**

#### TO CAMP

I will drive my camper to camp

My camper will travel on the camp bus

From BRCD  OR BARRIE

#### FROM CAMP

(Name of person) will pick up my camper from camp

My camper will travel on the camp bus to be dropped

off at BRCD  OR BARRIE

\*Note that the information you have provided regarding transportation will be strictly adhered to in an attempt to insure the safety of your child. Any changes to the above information must be made in writing prior to your child's last day at camp.

If there is any dispute your child will remain at camp and it will be your responsibility to pick him/her up

# CAMPER MEDICAL INFORMATION

HEALTH CARD# \_\_\_\_\_ copy of health card is required

Please answer the following questions so that we can provide health care for your camper.

ALLERGIES: Yes  No  What \_\_\_\_\_ ALLERGY MEDICATIONS: \_\_\_\_\_

HEPATITIS B: Vaccine: Yes  No  Status: Positive  Negative  LAST TETANUS NEEDLE: Date \_\_\_\_\_

EPILEPTIC: Yes  No  Type of Seizure: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date of last Seizure: \_\_\_\_\_

Please notify us in writing about any medication changes prior to camp\*

**MEDICATION: Send all medication in PROPERLY LABELLED containers**

NAME: Drug and MD/ML	How many at:	B	L	D	Bedtime
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*B-breakfast L-lunch D-dinner

Complete prescription medication schedule is required. Please attach if necessary.

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

Address: \_\_\_\_\_

First Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_

Pager address: \_\_\_\_\_

## RELEASE FORM

Parent/guardian please sign your name. If over 18, please sign yourself, if able.

I, \_\_\_\_\_ give permission to the Ontario Camp of the Deaf, to seek medical treatment for \_\_\_\_\_ as deemed necessary by the camp medical staff and/or a qualified medical doctor. I also agree to assume responsibility for any expense in the event of illness or accident.

Parent/Guardian or Self \_\_\_\_\_ (please print) Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

**SPECIAL NEEDS CAMPER INFORMATION**

**PLEASE ADVISE US OF THE FOLLOWING AREAS AS THEY RELATE TO YOUR CAMPER:**

DRESSING:

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EATING:

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MOBILITY:

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COMMUNICATION:

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SEIZURES:

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HYGIENE:

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SEXUAL DEVIATIONS:

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SOCIAL BEHAVIOUR:

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AGGRESSIVE BEHAVIOUR:

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PHYSICAL CHALLENGES (SWIMMING, SPORTS, ACTIVITIES):

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**1:1 workers and care givers are required to complete a staff package and medical form. Please attach any further information that you feel we should know. Any information on behavior programs or dealing with unique situations that you provide will help our staff provide a better holiday and camp experience for your camper.**

ASSUMPTION OF RISK AND  
RESPONSIBILITY and RELEASE OF  
LIABILITY

There are significant elements of risk in any adventure, sport or activity associated with a “The **Ontario Camp of the Deaf & Motocamp**”. ( THE CAMP), The Township and Municipality of Seguin and S.M.A.R.T. Inc. Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you that camp activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death.

ACKNOWLEDGEMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks:

- 1) Slips, trips, falls or painful crashes while using the facilities or equipment,
- 2 Misuse of equipment or facilities, or failure of equipment;
- 3 My physical strength, coordination, sense of balance, and ability to follow or give directions while enrolled at the camp
- 4 Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident
- 5 The presence, actions or falls of other participants.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for damage to or loss of my/our personal property. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing an approved helmet may help prevent head and/or neck injuries. I assume the risk(s) of personal injury accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions-, dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries-, insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize, **The Camp** as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors and requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION

I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become The Camp’s property and may be used for promotional or commercial purposes.

RELEASE:

In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: The Ontario Camp of the Deaf, The Ontario Mission of the Deaf, the Township and Municipality of Seguin, S.M.A.R.T Inc., its Directors and Founders., principals, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

**I have read and understood the foregoing acknowledgement of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.**

If the participant is under 18, the Parent or Legal Guardian must also acknowledge risk and sign

Campers Name: \_\_\_\_\_(print)

Parent Guardian Name: \_\_\_\_\_(print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address if different: \_\_\_\_\_

**PLEASE KEEP FOR YOUR INFORMATION**

**2012 Summer Camp Dates**

Session	Age	Date
Senior	12-17	Friday June 29 <sup>th</sup> -Friday July 13 <sup>th</sup>
Junior	5-11	Friday July – 13 <sup>th</sup> - Friday July 27 <sup>th</sup>
Special	Youth/Adults Supported Independent	Friday July 27 <sup>th</sup> – Friday August 3

FEE SCHEDULE	AMOUNTS
Registration	\$40 non refundable
Session fee	\$460
Special Camp	\$360
One to one worker fee *	\$140
Transportation	\$30 round trip

**\*Bob Rumball Camp of the Deaf does not arrange for 1:1 workers for your Special Needs Camper. If your camper requires a one to one staff, it is your responsibility to arrange for, screen and hire that staff person. That staff is required to fill out an OCD staff application. The additional one to one worker fee covers room and board for the duration of your campers stay. If you are paying your 1:1 worker a fee it is your responsibility to do so.**

**TRANSPORTATION:**

On the first day of each session the bus will depart from the Bob Rumball Centre for the Deaf at 2395 Bayview Avenue in Toronto at **1:00 pm**. The bus will arrive in **Barrie** at the Wal-Mart parking lot, **Mapleview exit**, at **2:00 pm**. ( for those individuals who have requested this pick up on their applications.)

On the last day of each session the bus will drop children off in Barrie at the Wal-Mart parking lot, Mapleview exit at **11:00 am**. The bus will then proceed to the Bob Rumball Centre for the Deaf in Toronto and drop off the remaining children at **12:30 pm**.

Those wishing to provide their own transportation to and from camp may drop off their children on the first day of their camp session between **4:00-6:00pm** and pick them up from camp between **9:00am-10:00 am** on their final day of camp.

The parents or guardians for children who are not picked up at the appropriate times will incur an \$80 late charge.

**It is essential that parents/guardians indicate their transportation plans clearly on the application as the information provided will be strictly adhered to. If a change to the initial information provided is necessary, it must be made in writing prior to the camper's final day at camp. *Verbal arrangements will not be accepted.***

## **CONDITIONS OF ENROLMENT**

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 controls 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 section of the court order referring to visitation rights will also 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, the Ontario Camp of the Deaf, including the camp directors, and their staff, and the employees of facilities outside camp grounds are hereby released from liability. Each camper must be covered by Provincial Health or equivalent medical insurance.
4. In the event that a camper requires any special medications, X-rays, or treatment beyond that which the camp provides, the parent/guardians will be notified immediately. Parents/guardians will also be informed of any additional charges for this special care.
5. I give my permission for my child to participate in any videotape or photographs used by the Camp for promotional purposes.
6. We cannot guarantee a total peanut and/or nut free environment. Campers with those allergies will be safe guarded accordingly.
7. Parents who drop campers at camp are asked to leave once their child is settled into the program

**Please return to the Bob Rumball Camp of the Deaf,  
CAMPER REGISTRATION,  
2395 Bayview Avenue, North York,  
Ontario M2L 1A2**

**Please include:**

- a complete camper application with complete transportation information,
- complete medical information, signed and dated release form
- signed and dated assumption of risk and responsibility release
- cheques for \$40 registration fee and postdated cheque, dated June 8, 2012 for the balance of the camper total camper fees
- a clear photocopy of the campers health card

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.  
DO NOT FAX OR EMAIL.**

**Request for camper subsidies must be submitted  
in writing before May 11, 2012.**