

CAMPER REGISTRATION FORM – Year 2010
Pripstein's Camp 70th Anniversary Season

4999 Ste. Catherine St. West , #220 Westmount , QC. , Canada H3Z 1T3
tel: 514-481-1875 fax: 514-481-7863 TOLL-FREE 1-866-481-1875 www.mishmar.com
e-mail: camp@mishmar.com

Camper's Name: _____

Date of Birth (M/D/Y): _____ Sex: Male _____ Female _____

Camper's School: _____ Present Grade: _____

Please choose one:

_____ Full Season:	_____ July 1-August 19, 2010	_____ Starter "A" (grades 1-4 only)	_____ July 1-July 15, 2010
_____ 1st Term:	_____ July 1-July 25, 2010	_____ Starter "B" (grades 1-4 only)	_____ July 26-Aug 8, 2010
_____ 2nd Term:	_____ July 26-August 19, 2010	_____ Mini-Starter (grades 1-3 only)	_____ July 26-Aug 1, 2010

Address: _____

City: _____ Prov. or State: _____

Postal Code: _____ **Parent E-Mail address:** _____

Second parent name, address, email (if needed) : _____

Cell. Phone (father): _____ Cell. Phone (mother): _____

Home Phone: _____ Cottage Phone: _____

Name of Parents: (Mr/Dr) _____ (Mrs/Dr) _____

(Canadians): Social Ins. # of father/mother required for child-care tax receipt: _____

Business Name (father): _____ Bus. Phone: _____

Business Name (mother): _____ Bus. Phone: _____

Marital Status of Parents (please circle): Married Separated Divorced Widowed Re-Married

Names/Ages of siblings, if any: _____

Camper's previous camp experience other than Pripstein's: _____

Highest Red Cross swim level already attained: _____

Secondary Contact (in case of emergency, etc.): _____

Relation to camper: _____ Home Phone: _____

Business Phone: _____ Cell. Phone: _____

If camper has a preference for cabin mates, please give names in order of preference. **While every effort is made to accommodate your child's wishes, it is not always possible to satisfy requests:**

1) _____ 2) _____

Please complete information on reverse side!

Camper Medical Information

Medicare or Health Card # (Canadian campers): _____ Expiry Date _____

Med. Insurance policy details (**compulsory for non-Canadian residents**): _____

Allergies, drug reactions, medical problems: _____

Activity restrictions (if any) _____

Family Doctor _____ Phone # _____

Other remarks _____

Appendix operated: Yes No Chicken Pox: Yes No

Terms and Conditions of Registration & Cancellation Policy:

As the Parent (or Guardian) of the Camper who is the subject of this Registration Form, I hereby agree to the following terms and conditions, and I warrant that all of the information I have provided on this Registration Form is both truthful and accurate:

- 1) Reservations will be confirmed by the camp once the completed & signed Registration Form is returned to the camp office along with post-dated cheques for the full payment (see attached fee schedule).
- 2) a) For cancellations made before March 1, 2010, the camp will refund the fees paid less \$275 per camper.
b) For cancellations made between March 1 and April 15, 2010, the camp will refund the fees paid less \$475 per camper.
c) For cancellations made after April 15 and before June 1, 2010, the camp will refund the fees paid less \$775 per camper.
d) In cases where a camper does not complete his/her reserved session, the camp will issue a refund of 50 % of the portion of unused time greater than one week. However no refunds are paid for campers sent home early due to non-compliance with camp policy which forbids drugs, alcohol, smoking, vandalism, theft and abusive behaviour.
- 3) a) Should a camper registered for a full-season change to a half-season at any point, parents will be billed at the half-season rate in effect at the time of the change in reservation.
b) Should a camper registered for a half-season change to a full-season at any point, parents will be billed at the full-season rate in effect at the time of the change in reservation.
- 4) I allow the Camper to participate in all activities organized by the camp, both on and off camp property. I also allow the Camper to participate and appear (via photographic images, video and/or audio recordings), without any compensation, in all materials produced and displayed or distributed to the public via any form of media.
- 5) Although the camp makes every effort to return lost or misplaced articles, I agree not to hold the camp responsible for lost, damaged or stolen property of the Camper. It is **STRONGLY** recommended that campers not bring any valuable belongings to camp, such as but not limited to mp3 players, gameboys, etc. Campers are not allowed portable communication devices in camp (i.e. cell phones, iphones, blackberry's), and the camp will confiscate any that are found.
- 6) If the Camper who is the subject of this Registration Form is a non-resident of Canada and/or is not the holder of a valid health care card issued by a Canadian province (which must be valid through the completion of the Camper's session), I warrant that I shall acquire adequate medical insurance for the Camper with coverage through the Camper's entire stay in Canada and at the camp.
- 7) I authorize the camp administration and medical staff to act for me according to their best judgement in any emergency involving the Camper requiring medical treatment. (Every effort will be made to contact parents immediately). I give the camp permission to contact the Camper's physician if necessary. I agree that the resolution of any and all disputes which may arise between myself and the camp or the camp medical staff relating to the Camper shall be governed by and construed in accordance with the laws of the Province of Quebec. I agree that any complaint, demand, claim or cause of action against either the camp or camp medical staff shall be commenced only in the Province of Quebec, and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of Quebec.
- 8) I agree that the camp reserves the right to dismiss or not re-accept the Camper for behaviour detrimental to the group or camp environment. In order to help assure the safety and security of the camp population and maintain a drug and alcohol-free environment, I expressly give the camp administration the right to conduct a search of the Camper's belongings if deemed appropriate.
- 9) I have read and agree to all of the above Terms and Conditions of Registration & Cancellation Policy. I agree that this document be drafted in English. Je confirme ma demande que ce document soit redigé en anglais.

Signature of Parent or Guardian: _____

Date: _____