



**Արարատ ճամբար - ARARAT CAMP **NOW 7 DAYS
Saturday, August 11 – Saturday, August 18, 2018**

Visit us at www.campararat.ca and Facebook for updates or contact us at campararat@gmail.com or Ani Altounian at 905-891-8216

For Office Use

Date Received:

Payee:

Siblings names:

Chq #:

Child's Name: _____ Boy:___ Girl:___ Date of Birth: _____
Surname Initial First Name month/day/year

Address: _____ Apt. _____

City: _____ Province: _____ Postal Code: _____

Father Name: _____ Res. Tel. # _____ Bus. Tel.# _____ Cell # _____

Mother Name: _____ Res. Tel. # _____ Bus. Tel.# _____ Cell.# _____

E-mail : Father: _____ Mother : _____

Which parent can we reach during the time your child is at camp? Mother ___ Father ___ Tel.#: _____

Emergency Contact Person & Telephone Number (Other than Parent/Guardian)

Name: _____ Relationship: _____ Tel. #s: _____

Confidential Medical Information

Health Card #: _____ Family Physician: _____ Physician Tel. #: _____

List all allergies or sensitivities to any drugs, foods, or environment? _____

** An additional medical form will be mailed with the welcome package and all medication will be administered to the child as directed in writing.*

Name two friends or acquaintances, of similar age and gender, you'd like to be bunked with and all other considerations/requests : _____

Select your t-shirt size Youth or Adult sizing	YM	YL	AS	AM	AL	AXL

Is this the camper's first overnight Camp Experience?	Yes/ No

I/We have sought competent advice with respect to my/our child's health and well being prior to completing this form. I/We agree to release the Canadian Diocese of the Armenian Church, Camp Ararat and its medical staff, counsellors and supervisors of any liability. In the case of an emergency, medical/ hospital services may be required for the camper/participant. I understand that every reasonable effort will be made by the camp/hospital services to contact me. This is your authorization to have medical personnel and/or hospital staffs administer medical or surgical services, including anaesthesia and drugs to _____ (*camper's full name*). I understand that any costs relating to such medical services being required will be my responsibility.

Date: _____ SIGNATURE of Parent/Guardian → _____

***** By popular DEMAND we've ADDED a 7th day *****

Completed **APPLICATION and PAYMENT** must be received by **April 30th** while refunds will not be possible after **June 30th**

Total fee per camper/CIT: \$550 payable to HTAC – Diocese Camp Fund
Mailed to: CAMP ARARAT, c/o 920 Progress Av. Scarborough, Ontario, M1G 3T5
Upon our receipt of your payment and application(s), a confirmation email will be sent to you while additional camp forms and details will be mailed to you in July.



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THIS SECTION TO BE FILLED OUT BY COUNSELLOR IN TRAINING APPLICANTS ONLY

All Counsellors in Training (CIT) applicants must fill in the 2 page application for and must:

- (a) be a least 16 years by Dec. 31st (Note: subject to camp/leadership experience),
- (b) complete this application form and return it, postmarked no later than **April 30th**,
- (c) participate in an interview (either via telephone or in person) and will receive additional information and forms to be filled out once they are accepted,
- (d) provide the registration fee dated **May 15th** with the 2 page application form.

NOTE: Only upon confirmation of acceptance into the CIT Program, the cheque will be processed.

CIT APPLICANT QUESTIONNAIRE

(if additional space required for your response, please use separate sheet of paper)

1. Describe your involvement in your community and volunteering (sports, school, church, camp, other)

2. Describe your previous experiences at camp.

3. What do you hope to learn from the CIT program?

Please check the appropriate program for which you have successfully earned certification and provide copies.

- National Lifesaving Society/ NLS
- Standard First-Aid/CPR
- Leadership Development/Preparation Experience (eg. Ontario High Five Program)
- Outdoor or Water Certification/Training
- Babysitting Certificate
- Other Certification (please list): _____

Tel# of CIT Applicant: _____ E-mail of CIT Applicant: _____

Date: _____ Applicant Signature: _____

Date: _____ Parent/Guardian Signature: _____