



TIMBERLINE RANCH



~ 2014 Camp Application ~

To register online: Go to www.timberlineranch.com and click on the "Register Online" link.

To register via mail or fax: Send a completed application and payment to:
Timberline Ranch
22351 - 144 Avenue
Maple Ridge, BC V4R 2P8
Fax: 604-463-4346

| | | |
|-------------------------|--------------------------|---|
| Office use only: | | Date Rec'd. |
| Camp | | |
| Entered in System | <input type="checkbox"/> | Deposit Received <input type="checkbox"/> |
| Full Payment Received | <input type="checkbox"/> | Post-Dated Cheque Rec'd. <input type="checkbox"/> |

Camper's Personal Information

| | | | |
|--------------------|------------------|----------------------|-----|
| Camper's Last Name | Usual First Name | Birthdate (MM/DD/YY) | Sex |
| Street Address | | City | |
| Province/State | Postal/Zip Code | Home Phone | |

Camper's Contact Information

| | | | |
|-------------------------------------|------------------------|------------|--------------------|
| Name of First Parent or Guardian | Email Address | Home Phone | Cell/Daytime Phone |
| Name of Second Parent or Guardian | Email Address | Home Phone | Cell/Daytime Phone |
| Name of Alternate Emergency Contact | Relationship to Camper | Home Phone | Cell/Daytime Phone |

ALL Campers - Camp Information

| | | |
|---|--|------------|
| Please indicate the camp name and dates of the camp you are applying for: | Camp Name (e.g. Junior #3; Mother/Daughter #2) | Camp Dates |
| Preferred Cabinmate (must be similar age for summer camp): | Name: | Age: |
| Is this your first time camping at Timberline Ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No | How did you find out about Timberline? | |

SUMMER Campers ONLY - Additional Information

| | | | |
|---|---|---|---|
| Please select ONE summer option. Descriptions of the options are available in the summer camp brochure and online at www.timberlineranch.com . (Note: not applicable for Day Camps or Summer Kick-Off camps) | 2014 Program Options: | | |
| | <input type="checkbox"/> Western Lessons (+\$40) | <input type="checkbox"/> Drill Team (+\$30) | <input type="checkbox"/> Trails Galore (+\$20) |
| | <input type="checkbox"/> Super Mix (+\$10) | <input type="checkbox"/> Rocks 'n' Ropes | <input type="checkbox"/> Extreme Team (coed camps only) |
| Please indicate your preferred T-shirt size for your complimentary Timberline T-shirt: | Youth: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large | Adult: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL | |

FAMILY or MOTHER & DAUGHTER Campers ONLY - Additional Information

Please list the name, birthdate, and sex of each other person in the same family who will be attending this camp (family or mother & daughter):

Name Birthdate (MM/DD/YY) Sex

ALL Campers - Payment Information

Pay by credit card: The total camp fee must accompany registration (Mastercard or Visa).

Pay by cheque or money order:

Summer Camps A non-refundable, non-transferable deposit must accompany registration (\$75 per person). The balance must also accompany the registration, post-dated no later than April 30. If registering after April 30, the total camp fee must accompany registration.

Seasonal Camps The total camp fee must accompany registration.

Family Camps A non-refundable, non-transferable deposit must accompany registration (\$50 per paying applicant). The balance must also accompany the registration, post-dated no later than 1 month prior to the start of camp.

Camp Fees: (there are no taxes on homeschool or day camps)

Total Camp Fees \$ _____

+ Program Option Fees \$ _____

Sub-total \$ _____

+ 5% GST \$ _____

Sub-total \$ _____

Pre-ordered Items (summer camps only):
 Receive 1 Combo FREE if registration received by Jan. 31, 2014. DVD and Combo are for overnight camps only.

Photo @ \$9 = \$ _____

DVD @ \$15 = \$ _____

Combo @ \$22 = \$ _____

Credit Card Payment:

Card Type: Visa Mastercard Expiry Date: ____ / ____

Card Number: _____

Name on Card: _____

Signature: _____

Donations: (optional)

Campership Program \$ _____

Building Program \$ _____

General Operations \$ _____

TOTAL: **Amount Owing \$** _____

Cancellation Policy and Refunds

In the event of cancellation, refunds will be made according to the following schedule (percentage is of total camp fee):

| | |
|--|--|
| Time of Cancellation | Amount of Refund |
| More than 6 weeks before camp start date | Camp fee less \$75 (camp fee less \$50/paying applicant for seasonal camps)* |
| 2-6 weeks before camp start date | 50% of camp fee (without physician's note in unavoidable situations)* |
| Less than 2 weeks before camp start date | No refund (without physician's note in unavoidable situations)* |

* The \$50 or \$75 is not refundable in any circumstance. See full policy at www.timberlineranch.com.

I have read and understood the cancellation policy.

Parent's or Guardian's Declaration (or camper over 18 years old)

I hereby release Timberline Ranch Society, its board members, staff, and sponsors from responsibility and liability for any injury or illness that this applicant may sustain during this activity. In the event of an emergency, if I am unable to be contacted, I hereby authorize an adult leader of Timberline Ranch, as an agent for me, to consent to any X-ray examination, medical or dental treatment, or hospital care advised and supervised at a licensed facility under the law of the province. Timberline may use photographs or video images of the applicant for promotional purposes.

Name (print): _____ Signature: _____ Date: _____

ALL Campers - Medical Information for EACH camper

Important Notice

A separate medical form **must** be completed for **each** camper.

All campers must be covered by BC Medical Services Plan or equivalent policy.

International campers must supply written proof of coverage with this form.

| | |
|----------------------|------------------------------------|
| Camper's Last Name | Usual First Name |
| Birthdate (MM/DD/YY) | Personal Health Number (Care Card) |
| Doctor's Name | Doctor's Phone |

| | | |
|--|--|--|
| Allergies (to drugs, food, animals, etc.). Be specific. | Reaction/Severity | Treatment/Medication Required |
|--|--|--|

| | | |
|--|---|---|
| Please check here if camper carries: <input type="checkbox"/> ANA kit <input type="checkbox"/> Epipen <input type="checkbox"/> Medic alert bracelet | Does camper know how to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Immunization History Has the camper received all immunizations required by public health? (if no, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus (MM/DD/YY) |
|--|---|---|

| | | | | | |
|---|--|---|--|--|---|
| General Health Issues Please indicate if any of the following conditions apply to the camper. Please explain treatments of any health conditions indicated above. | <input type="checkbox"/> Ear aches <input type="checkbox"/> Head aches <input type="checkbox"/> Stomach aches <input type="checkbox"/> Sore throat <input type="checkbox"/> Sinus infections | <input type="checkbox"/> Depression <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Homesickness <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Eating disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Bronchitis <input type="checkbox"/> Arthritis <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin conditions <input type="checkbox"/> Heart conditions <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Asthma (bring all medications) | <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Other: _____ |
| | | | | | |

| Please list any medications that the camper is currently taking. | Name of medication | Dosage | When administered | Reason for taking |
|---|--------------------|--------|-------------------|-------------------|
| Bring medications to camp in a pharmacy bottle with name, medication, and dosage information clearly visible. | | | | |
| NOTE: All medications must be turned in to the camp nurse at registration. | | | | |

Please list any dietary issues (other than allergies listed above)

Please list any recent illnesses, injuries, or operations

Please list any activities that should be limited while at camp (or any physical limitations), and the reasons why

Does the camp's medical personnel have your permission to administer over-the-counter medications to your child, as required? (such as Tylenol, antihistamine, antacid, etc.) Yes No

Parent's or Guardian's Declaration (or camper over 18 years old)

- In the case of medical or surgical emergency, I understand every effort will be made to contact the parents or guardians listed on this form. In the event that none can be reached, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, or order anesthesia or surgery for the above named camper.
- In the interest of health and safety, I give permission for this health information to be shared with appropriate camp staff or outside medical personnel
- I will notify the camp if the applicant is exposed to an infectious disease during the three weeks prior to the start of camp.
- To the best of my knowledge, the applicant is in good health and is physically able to participate in all camp activities, except as noted above. I will notify the camp if any of the above information changes prior to the start of camp.

Name (print): _____ Signature: _____ Date: _____