



Radiant Girls Camp & Retreat Registration Form

Child's Name: _____ Age: _____ Date of Birth: _____

Date(s) of Camp most interested in: _____

Please indicate the camp dates you are most interested in, listing your preferences starting with your first.

Siblings or Friends attending camp: _____

Registering Parent's Names: _____

Address: _____

Email: _____

Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone Numbers: _____

Child's Health Card Number: _____

Arrivals & Departures:

Our camp program begins at 9:15 am and ends at 3:45 pm. Before and after care are available starting at 8:15 am, and pick up as late as 4:30 pm. Before and after care is just \$10 a day.

Drop off 8:15 am Drop off 9:15 am Pick up at 3:45 pm Pick up at 4:30 pm

Please list the full names of any guardians who may be picking up your child. Children will not be released unless the guardian's name is on this form and shows ID at the time of pick up. This includes parents of other children of the camp.

Health Information:

Please detail any recent surgeries/accidents/illnesses your child may have had:

Please list any medications your child may be taking:

Please indicate if your child suffers from any of the following conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke | <input type="checkbox"/> Recent Trama |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Emotional Sensitivity |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cervical Spine Problems | <input type="checkbox"/> Muscle Tension/Cramping |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Anxiety |

Joint Pain or Dislocations Where: _____

Other Medical or Emotional Condition: _____

Please list any allergies your child has, and the symptoms of these allergies:

Every effort will be made to accommodate your child's dietary needs, and encourage healthy, balanced meals. Please list ALL dietary requests here. All requests must be made 1 week prior to camp.

Please indicate what you hope your child takes away most from our camp (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Self Esteem & Confidence | <input type="checkbox"/> Managing Emotions |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Integrity/Honesty |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Self Love/ Self Care | <input type="checkbox"/> Love & Kindness |
| <input type="checkbox"/> Empathy/Compassion | <input type="checkbox"/> Forgiveness |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Empowered |
| <input type="checkbox"/> Being Grateful/Thankful | <input type="checkbox"/> Self Awareness/ Self Reflection |
| <input type="checkbox"/> Healthy Actions | <input type="checkbox"/> Positive Thinking |
| <input type="checkbox"/> Improving Relationships/Friendships | <input type="checkbox"/> Harmony with Others |
| <input type="checkbox"/> Mindfulness | <input type="checkbox"/> Strategies for Fear & Anxiety |

Parental Consent

All activities are supervised, all leaders have emergency training, and proper precautions are taken to ensure every child's safety. However, there are potential risks with these fun activities.

As the guardian of (child) _____ I understand there are risks associated with my child participating in Serenity Valley's camp. I agree to have my child participate in the following possible activities:

- Food preparation, Cooking & Clean up
- Pilates, Yoga & Fitness activities
- Hiking & Activities in wooded areas
- Outdoor play & obstacle courses
- Swimming in stream, pool or water play
- Board break activity
- Crafts ie. scissors, glue guns, paint, etc.
- Camp fires
- Mini Massage Therapy & Aesthetics experiences

I _____, understand:

1. That there are risks associated with participating in any physical activity and food preparation (eg. Exercise induced nausea, lightheadedness, abnormal blood pressure, chest discomfort, leg cramps, or accidents eg. falls, burns, cuts, scrapes, food poisoning) and I willfully assume those risks and believe my child is able to participate in any, and all camp activities. My child has not been advised to abstain from any of the camp activities.
2. I have advised my child that it is her obligation to immediately inform the instructor/practitioner/leader of any pain, discomfort, fatigue, or any other symptoms that she may feel during and or after, any activity that she is participating in at the camp. Also, I have informed my child that if she believes the activities to be unsafe, that she may immediately discontinue participation in any such activity;
3. I hereby release Serenity Valley Inc., Gina Faubert, Sidrabene campground, and any other leader, instructor, contractor or subcontractor, or any volunteers, from any liability with respect to any injury, loss of life and/or damage to personal property, that my child may suffer during any camp activity;
4. I understand that I am responsible for any damage or injury that may be caused as a result of my child's actions or behaviour during camp.
5. I give permission and consent for my child to leave the property for hiking.
6. I give permission for my child to receive a short fully clothed massage therapy demonstration. I am not aware of any medical condition, past physical injury or surgery that would make it inadvisable for her to receive massage.
7. I give permission to representatives of Serenity Valley to take and use photographs, and video of my child for the use of a camp self esteem activity and craft project. I understand a group photo will be distributed to all attendees. Photo's and video's may be used in future marketing. I understand this is completely voluntary and I have the option of my child opting out.

Printed Parent's Name: _____ Date: _____

Parent's Signature _____

Camp Payment Information

Burlington Day Camp Before March 1st \$425 plus HST per child, per week.

After March 1st \$459 plus HST per child, per week.

Before &/or After Care: \$10/day or \$50 week.

Overnight Teen & Tween Leadership Retreats

Early Bird: \$619 before Mar 1st

\$679 after Mar 1st.

\$619 for each girl when registering with a sibling or friend

Our Giving Back Programs:

Every year Serenity Valley donates a few camp spaces to Hamilton & Halton fundraisers, and offers a few applicants a \$375 voucher towards any one of our summer camps. In order to be considered for one of our camp vouchers, campers must apply by sending in a short 3-5 minute video of themselves demonstrating how they have given back to their community. Winners will be those who make the most impact, have unique ideas, and have inspired others to give back too! Video's should be sent to gina@serenityvalley.ca along with this registration package before April 1st. Scholarships will be awarded and notified by April 15th.

Payment Information:

Name on Card: _____

Address for Card (if different from registration address). Please include postal code:

Please Charge the Following Amount to my card: \$ _____

Credit Card Number: _____ Expiry _____ CVV: _____

Card Holders Signature: _____

Please note: Reservation of your child's space in a specific camp is not held until this is registration form is returned, completed fully, and payment has been processed. There are no refunds on camp registration. In the event of an illness, children may attend another camp in the same year if space is available. An administration fee of \$39 applies to all registration changes.

Please email this form back to us completed in either a typed, scanned, or photo format. Completed forms can be sent to gina@serenityvalley.ca Please note this is a private email and only Gina Faubert will be reviewing your confidential information. Please email her with any questions you may have.