

WHAT YOU NEED TO KNOW
ABOUT CAMP WENDAKE
(Keep this page for your records):
CAMP DATES:2009

August 24 – August 29

The camping experience is very intimate and may include open discussions where people may choose to share personal information regarding lifestyle, HIV/AIDS status, or other private details. The community contract that is signed as part of the camper application sets out that this information will stay at camp. If you have children who will be attending, they may, in turn, ask questions of you. You are encouraged to prepare children who are attending for the potential of such a conversation. If you require preparation to disclose an HIV status or share information regarding HIV please feel free to contact a social worker or health care professional in your region.

Please note that we do not allow pets at camp.

WHAT YOU WILL NEED TO BRING TO CAMP WENDAKE:

Each year campers produce a talent show on the Wednesday evening. If you should wish to participate, bring the appropriate costumes, props, music, etc.

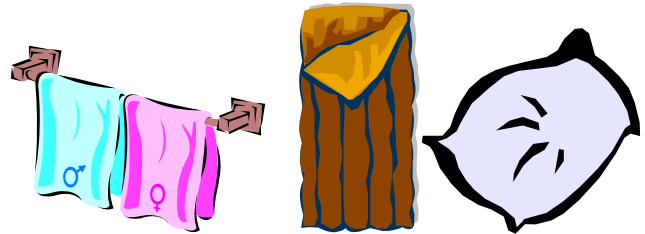


Bring enough clothing, bedding, and medications for your stay.

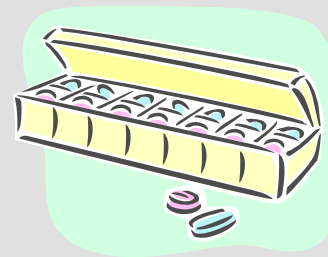
Please note: The weather at Camp Wendake can range from very warm to very cool and of course is subject to rain. Please bring appropriate clothing and outerwear to accommodate the change in temperatures.



Bedding: You are responsible for bringing your own sheets, pillows, blankets, towels, etc. While there are a couple of spares on site, if you do not bring your own you may not be able to find any onsite.



Medications: You will need to complete the 'Medications' Form and return it to the Registrar prior to having your registration confirmed



PLEASE NOTE: Acceptance of any and all Registrations is at the discretion of the Camp Wendake Committee.

MAIL completed registrations forms (Parts 1,2,3) and payment by **June 30/08** to:

Camp Wendake

c/o Robert Newman

190 Queens Ave

London, ON N6A 6H7

E-mail: registrar@campwendake.org

*** KEEP THIS PAGE ***

**THERE ARE
IMPORTANT
THINGS TO
REMEMBER
BEFORE YOU HAND
IN YOUR
APPLICATION**

Applications will be processed based on
the

**COMPLETION OF
ALL SECTIONS**

of the forms,

**ACCOMPANYING
MEDICAL DOCUMENTS,**

and

**AT THE DISCRETION OF
THE CAMP WENDAKE
COMMITTEE.**

1. If you require financial assistance from your local AIDS Service Organization, **call them and find out if they are able to assist, and in what capacity.**

2. If you are taking any medication, contact your pharmacy and ask them if they can **FAX a printout of all your current medication to the CAMP REGISTRAR (519-434-1843).** If they are unable to fax the information, make sure you get a copy and **INCLUDE IT IN YOUR APPLICATION** (*if you have children on ANY medication, ensure you have a pharmacy printout for their application*).

3. Please make sure all necessary **transportation information is complete.**

ALL THREE STEPS MUST BE COMPLETED BEFORE YOUR APPLICATION WILL BE CONSIDERED.

If you need assistance, contact
the Camp Wendake Registrar @

519-434-1601 / 1-866-920-1601
EXTENSION # 253

**CAMP WENDAKE 2008
APPLICATION FORM
PART 1:
REGISTRATION FORM**

Name:

Male Female

Address: (Apt. #, Street)

(City)_____ (Code)_____

Phone: Home () _____

Work () _____

Cell () _____

Fax () _____

E-mail _____

Birthdate: Y_____ M_____ D_____

(Confidential – Required for arranging cabin groups)

Alternate address and phone where you can
be reached if different from above:

Alternate Phone () _____

**INFORMATION ABOUT YOUTH CAMPER
(legal custodian for anyone under 18 years of age)**

Mother Father Both Other

Please specify

Parental Statement and Signature: I have read
the “What you need to know about Camp
Wendake...” information on page One this
document. I feel that my child understands the
special nature of this Camp, and that I a
comfortable with him/her taking part.

Signed: _____

Relationship: _____ Date: _____

**Specific Food Allergies/Requirements: ie.
lactose intolerant**

(The above information is required for menu
planning and food preparation. Please note, this
is for **allergies** and **dietary restrictions** only.
Dislikes should not be included.)

Are you vegetarian? Yes

Please note: you must disclose now that you
require a vegetarian meal option.

**Emergency Contact Person (while we are at
camp): Please note that the person you name
needs to consent to being your emergency
contact prior to attending camp.
Also note that it may be necessary for our
medical staff to contact them prior to camp to
complete our registration process.**

(Name) _____

Phone: Home () _____

Work () _____

Cell () _____

Address: _____

_____ Apt #, Street

City _____ Prov _____ Postal Code _____

(contacts relationship to camper)
 I would like to be in the same cabin as: _____

(We will do our best to accommodate requests. **BOTH** individuals must make the cabin mate request.)

Remember: A separate Registration Form must be completed for each camper

DONATIONS/SPONSORS: (Tax receipts will be given upon request.) If you are able to sponsor another camper or donate money towards the operation of Camp Wendake, your support would be greatly appreciated...

Donation: \$ _____

FEEES AND PAYMENT
CHEQUE OR MONEY ORDER

payable to **Diocese of Huron AIDS Committee**

Camp Wendake can provide a limited amount of financial assistance, however please direct all requests to your local AIDS Service Organization first (see Request Form, below)...

Single (\$60) Fee \$ _____
 Child (\$30) Fee \$ _____
 Family (upon request) Fee \$ _____

Total Fees \$ _____

**Request for Financial Assistance from
 Camp Wendake**

My total registration cost is: \$ _____

My local AIDS Service Organization will contribute:
 \$ _____

Bursary Amount \$ _____

I can afford to contribute: \$ _____

Date Sent _____

I need help with the remaining \$ _____

Transportation:

If you need a ride to camp, please contact your local HIV/AIDS Association AND let us know what your needs are and we will try to facilitate a ride for you. We cannot guarantee provision of transportation beyond London.

- I will drive to camp.
- I will need a ride from London to Camp and from Camp to London.
- I would like to apply for assistance with transportation to London from:

Campers will be provided with one CAMP WENDAKE T-Shirt. Please let us know the size you require by circling ONE (1) of the following sizes.

Youth: 12-14

Adult: S M L XL XXL XXXL

Throughout the year we often contact campers to inform them about upcoming events, etc. Please circle all appropriate methods of contact below:

email telephone mail none at all

Please INCLUDE a brief explanation as to why you would like to attend Camp Wendake.

CAMP WENDAKE 2008 APPLICATION FORM PART 2: MEDICAL FORM

Please complete this form and return it to the Registrar. It is a part of your registration application. Thanks!

NOTE: Remember to pack enough medication for your stay at camp. Please remember to bring epi-pens for allergies. **Bring a second pen when possible.** If you use pain medication, be sure to bring enough for your entire stay at camp; you might want to bring extra doses because your activity level may increase while you are at camp. Storage space is limited, so please bring enough medication for your stay at camp in a large dossette.

Emergency Contact Person (while you are at camp):

Please note that the person you name may be contacted prior to camp by our medical staff to update our 2008 camp camper registrations. Also, the emergency contact should be someone who is available at any time of day or night during your stay at camp.

(Name) _____

Phone: Home () _____ Work () _____ Cell () _____

Address: _____
Apt #, Street City Prov Postal Code

(Case Manager if relevant) _____

Agency: _____

Phone: () _____

A separate form must be completed for **every camper, volunteer and staff member**. If the individual is under 18 years old, a parent/guardian must sign.

Name: _____

Male _____ Female _____

Address: _____
Street City Province Postal Code

Phone: Home () _____ Work: () _____

Age: (as of July 1, 2008) _____ Birth date: Y _____ M _____ D _____

Name of Parent/Guardian: _____

Address: Same as above - Yes _____ No _____

If no, please list address: _____

Relationship to Camper: _____

Valid Health Card Number: _____ Version Code: _____

Expiry Date (On some Health Cards cards): _____

Drug Plan: YES NO / Name of Drug Plan _____ Drug Plan # _____

Current Medical History

Immunization Record *(For your own protection, your immunizations should be up-to date.)*

Date of Last Immunization

Meningitis _____

Tetanus / Polio _____

Hepatitis Vaccine (A - B) _____

Current State of Physical and Mental Health _____

Name of Institution holding medical file: _____

Phone Number of Institution: _____

Name and Phone of Treating Physician: _____

Phone Number of Treating Physician: _____

To help us accommodate your needs please check the statements which apply to you.

Physical health: I experience challenges with:

_____ Balance/Walking

_____ Sleeping

_____ Energy/Stamina

_____ Digestion/Gastro problems

_____ Breathing

_____ Infections (Please Identify) _____

_____ Other (Please describe) _____

Mental Health:

_____ I am prescribed medication for a mental health issue(s) and take it as prescribed

_____ I have been hospitalized in the past year for mental health issues

_____ I am not aware of any specific mental health concerns

Anything else I would want the medical/counseling staff to know: _____

Mobility: Please rank the following from 1-3

1- Independent, 2 - Some assistance, 3 - one on one

Required Assistance

Indoors _____ Outdoors _____

Stairs _____ Dressing _____

Eating _____

I can manage an upper bunk. Yes _____ No _____

I require wheelchair accessibility. Yes _____ No _____

I require additional personal assistance with: _____

Allergies Yes _____ No _____ (List below, please.)

(if you use an epi-pen for severe allergies (ie: bee stings), please remember to bring it to camp with you. A second pen is also desirable!)**

Drugs (Example: penicillin): _____

Plants: _____

Bites: _____
(Bring your own medication for allergies)

Animals: _____

Specific Food Allergies:

Dietary Restrictions

Vegetarian: Yes _____ No _____ Vegan _____

Lactose Intolerant: Yes _____ No _____

Diabetic: Yes _____ No _____

Medication: Yes _____ No _____ (If yes, **DON'T forget your medication!**)

Diet Control: Yes _____ No _____

Other: _____

MEDICATIONS/TREATMENT REGIMEN

Note: Please include all substances, prescribed or over the counter. **NEW for 2008:** protocols necessary for both the CNO (College Of Nurses Of Ontario) and the Ontario Camping Assoc. (OCA) necessitate the following changes:

****CAMPERS NEED A DETAILED PHARMACY PRINTOUT FORM FOR EVERY CAMPER THAT INCLUDES MEDICATIONS, DOSAGE AND NUMBER OF TIMES GIVEN I.E. BID, TLD, OR PRN OF ALL PRESCRIBED MEDS.****

MEDICAL CONSENT:

I, _____, give my consent to the medical staff of Camp Wendake, prior to my arrival, to procure necessary information relevant to my medical condition, emergency contact confirmation, to judge the necessary treatment required, to transport to a local hospital in case of an emergency and to provide the necessary surgical/medical treatment required if necessary.

I am able to self-medicate, however if a time arises such that the RN assess that this is no longer possible then a decision will be made either to have the nurses dispense the medications for me or I will be sent home.

USE OF MEDICINAL MARIJUANA:

*I understand the use of marijuana is prohibited at camp. I recognize there **only three exceptions to this rule** and that is to produce a MMAR card, a Compassion Card from my region, or an official Doctor's note. I have provided a photocopy of this documentation with my application and will produce the official documentation upon my arrival at Camp Wendake's Nurse's Station. (Club Meds) I understand that failure to produce this documentation is equal to not having a card. Use of marijuana without appropriate documentation is a violation of Camp Wendake regulations and the Community Expectations Contract I have signed, and I risk being asked to leave camp immediately and at my own expense.*

I also understand that in accordance with both the CNO (College Of Nurses Of Ontario) and the Ontario Camping Assoc. (OCA) medical marihuana will now need to be locked up at Club Meds like all of the other medications but can be retrieved at my leisure.

Signature: (self/parents/guardian):

Date:

CAMP WENDAKE 2008

APPLICATION FORM PART 3:

COMMUNITY EXPECTATIONS AND CONTRACT

I, _____, agree to uphold the following community expectations for everyday living while attending Camp Wendake. As a member of Camp Wendake, I will respect the rights, dignity and worth of others. I will be sensitive to differences in gender, ability, religion, race, sexuality and socio-economic status.

PARTICIPATION

I will participate as fully as possible in all activities. To this end, I will get sufficient rest and see to my daily nutritional needs.

PROPERTY

I will show concern and respect for both the natural and created environment at camp, as well as the property of others. I understand that damage due to pranks is unacceptable and that all equipment such as fire extinguishers, smoke alarms, camp vehicles and waterfront markers will not be tampered with. Should I become aware of broken or damaged equipment, I will report it.

LEAVING CAMP

I will remain on camp property at all times unless participating in supervised off-site programs.

ACTS OF AGGRESSION

No forms of assault, harassment, or other instances of exerting power over another will be tolerated. If I witness or experience any form of emotional and or physical abuse at camp, I will speak to my Cabin Leader or Camp Director. I understand that physical acts of aggression on my part will lead to my dismissal from the camp with the possibility of police involvement/charges being laid.

SUBSTANCE USE

I realize that Camp Wendake is generally a smoke-free environment and that smoking is not permitted in any camp building. I realize that there will be designated smoking areas at camp and that if I wish to smoke, I will use a designated smoking area. I will not consume any alcoholic beverages during my tenure at camp, whether on site or off site. Being intoxicated or under the influence of non-medical or illegal drugs at any time during my stay at camp will result in my dismissal. All prescription or over-the-counter drugs which I require during my stay at camp, including vitamins and aspirin will be stored in the nursing station.

LANGUAGE

Images on clothing and musical lyrics that are hurtful or offensive to others, that humiliate, stereotype or label should not be brought to camp. I will share my feelings towards others without resorting to swearing, sarcasm or belittling remarks.

RELATIONSHIPS AND SEXUAL BEHAVIOR

Close relationships and friendships may develop at camp. Any sexual expression of my relationships must be consensual and discrete and affect only the participants. Sexually intimate relationships between campers and staff are not acceptable and will lead to the dismissal from camp of both parties.

AGREEMENT

I agree to respect the safety and rights of my fellow participants and the larger camp community.

I agree to notify the Registrar as soon as possible if I am unable to attend.

I agree to release Camp Wendake, all staff and organizers, as well as Huron Church Camp and the Anglican Diocese of Huron of any responsibility in case of accident and/or injury during my stay at camp.

NO BICYCLES / TRICYCLES / SCOOTERS / ROLLERBLADES OR ANY OTHER ALTERNATIVE MODES OF TRANSPORTATION UNLESS AUTHORIZED BY A PHYSICIAN (*accompanying letter required; please include letter of authorization in your application*)

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE PRECEDING CONDITIONS

Signed: _____ Date: _____