

Camp WENDAKE

CAMP DATES – AUGUST 29 – SEPTEMBER 3. 2011

KEEP THIS PAGE FOR YOUR RECORDS

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.

MAIL completed registrations forms and payment by **July 1st/11** to:

Camp Wendake
C/O Robert Newman
190 Queens Ave
London, ON N6A 6H7

NO FAXES / NO DROP-OFFS

Please make cheques and money orders payable to the...

"Diocese of Huron"

Applications are placed in sequence according to **POST MARK**
For more information about the application process, contact the Registrar...

519-434-1601 / 1-866-920-1601

E-mail: registrar@campwendake.org



If you are taking any **PRESCRIBED MEDICATION**, contact your pharmacy and ask them to print a copy of all your prescribed medications, then **INCLUDE IT IN YOUR APPLICATION**
(If you have children, who are attending camp and on any prescribed medication, obtain a pharmacy printout for their application)

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 CLOTHES, BEDDING, AND MEDS 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.

APPLICATION GUIDELINES

Medical consent Please ensure you sign your medical consent form.

Financial aid: Please contact your local **AIDS SERVICE ORGANIZATION** to enquire about financial assistance and include that information in your application.

Marijuana: Medicinal marijuana is permitted at camp with authorization from **HEALTH CANADA** or a recognized **COMPASSION CLUB**.

Substance use: Substance use (alcohol, injection drug use) in conjunction with the titration of your medications is permitted at camp with **AUTHORIZATION** from a **TREATING PHYSICIAN**.

**Medicinal Marijuana and any Alcohol and or substance
MUST be stored at the Nurses Station (Club Meds)**

NO EXCEPTIONS



NAME

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PERSONAL INFORMATION

Address	<i>Street address / apt number</i>								
<i>City / province</i>					Postal Code				
Email					D.O.B		<i>D</i>	<i>M</i>	<i>Y</i>
Phone				Work					
Cell				Fax					

DIETARY RESTRICTIONS

Vegetarian	<i>Y</i>	<i>N</i>	Vegan		<i>Y</i>	<i>N</i>	Diet control		<i>Y</i>	<i>N</i>
Diabetic	<i>Y</i>	<i>N</i>	Lactose intolerant		<i>Y</i>	<i>N</i>	Food allergies		<i>Y</i>	<i>N</i>

Specific food allergies

TRANSPORTATION

Need a ride from London?		<i>Y</i>	<i>N</i>	Outside London?		<i>Y</i>	<i>N</i>	<i>From where?</i>		
I will drive to camp	<i>Y</i>	<i>N</i>	I need assistance with travel from outside London				<i>Y</i>	<i>N</i>		

CAMP COSTS / FINANCIAL ASSISTANCE / DONATION

Camp Wendake can provide a **LIMITED AMOUNT OF FINANCIAL ASSISTANCE**; please direct all requests to your local **(ASO) AIDS SERVICE ORGANIZATION** before contacting Camp Wendake
(Cheque or Money order; NO CASH)

Single \$60.00	<i>Y</i>	<i>N</i>	Child \$30.00		<i>Y</i>	<i>N</i>	Family		<i>Y</i>	<i>N</i>	<i>Total amounts</i>
ASO assistance		<i>Y</i>	<i>N</i>	<i>amount</i>			ASO worker contact		<i>Workers name</i>		
Camp Wendake assistance		<i>Y</i>	<i>N</i>	Would you like to donate to Camp			<i>Y</i>	<i>N</i>	<i>Amount</i>		

MISCELLANEOUS INFORMATION

I would like to be in the same cabin as				<i>(we will do our best to accommodate your cabin request)</i>				IN THE SPACE PROVIDED BELOW PLEASE INCLUDE A BRIEF EXPLANATION WHY YOU WANT TO ATTEND CAMP WENDAKE			
T-shirt size	<i>Youth</i>	<i>S</i>	<i>M</i>	<i>L</i>	<i>XL</i>	<i>XXL</i>	<i>XXXL</i>				



NAME _____

MEDICAL INFORMATION															
Health Card Number									Version code						
Emergency contact															
Relationship / camper															
Address of contact															
Phone			Cell			Work									
Meds		Y	N	Pharmacy print out enclosed			Medical marijuana			Y	N	Photocopy Enclosed			
Alcohol / Substance Titration (see instructions for details)								Y	N	Drs. Letter Enclosed					
Allergies		Y	N	Food		Y	N	Meds		Y	N	Plants		Y	N
Insects		Y	N	Other		Y	N	Epipen		Y	N	List any allergies			
<i>List all allergies; use additional paper if necessary</i>															
Drug Plan				(ODSP, Trillium, other)				Number							
Physician								Phone number							
Specialist								Phone number							
Immunizations			Meningitis		Y	N	Tetanus / polio			Y	N	Hep A/B		Y	N
Physical health; I experience challenges with (please circle all that apply)															
Balance / walking		Energy / Stamina		Breathing		Sleeping		Digestion		Infections		Other			
Mental health (Answer all that apply)		I am prescribed meds for a mental health issue(s) and take it as prescribed										Y	N		
		I have been hospitalized in the past year for mental health issues										Y	N		
		I am not aware of any specific mental health concerns										Y	N		
Mobility (please circle)				Independent		Some assistance			One on one						
Assistance required (please circle)				Dressing		Stairs		Eating		Indoors / Outdoors					
I require additional assistance with															
I require wheelchair accessibility				Y	N	I can manage an upper bunk.				Y	N				

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.

CAMP WENDAKE 2011

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: _____