

APPLICATION FORM – CAMP CARITAS

This application form must be mailed to: **Camp Caritas, 7355 Lajeunesse Street, Montreal, Quebec, H2R 2H6**. A 25 \$ deposit, a pocket size color picture and a doctor's form of good health must accompany this application. The balance of the fees (425 \$ - 25 \$ deposit = **400 \$**) is to be paid before **June 30th**. Cheques should be made payable to **Camp Caritas**. Upon receiving this application we will get in contact with you to confirm your son's acceptance. **Note:** the 25 \$ deposit is **non-refundable**.

(PLEASE PRINT)

Name			
Age	Birth Date	Height	
Address			
City, Province	Postal Code		
Home Phone			
Work Phone			
Parent's name			
School name	Grade		

Please glue pocket size color picture here

My son is a Swimmer
 Non-swimmer

Is there any special medical situation with your son that the camp administration should know about? (allergies, medication, etc.) It should also be indicated on the doctor's medical form of good health.

Important Note :

The camp administration must be able to get in contact with the parents during the whole camping session, whether they are working, at home or on vacation. If something happens to your son or if we have problems with his behavior that necessitates his early departure from Caritas you (the parents) will be contacted by phone. If you are out of town, an alternative address and phone number that he can return to must be readily available. If we cannot reach you during the full length of your son's stay at camp, unfortunately we will not be able to accept your son's application.

Alternative address and phone number :

We (the parents or legal guardians) have read all the information contained in this brochure and/or internet website. We are now aware of the camp policies, about the nature of its daily activities, its goals and aspirations. Also, if an emergency situation occurs requiring hospital treatment and we are unable to be reached by telephone, we give the camp administration permission to request and dispense such treatment.

Yes

_____ **(parents/legal guardians' signatures)**

_____ **date**

- A **doctor's medical form of good health** is required from each camper before the camping session starts. **It must accompany this application form.**
- Upon review, the Camp Caritas administration reserves the right to refuse an application.