

**Mail to:**

Debate Camp Canada  
10 Pearson Ave  
Toronto, ON  
M6R 1G1  
CANADA

questions: [nes@debatecamp.org](mailto:nes@debatecamp.org)  
phone: (888) 512-8154  
(416) 902-8154

**Contact Information:**

Camper's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  male female

DOB [mm/dd/yy] \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade complete in June 2010: \_\_\_\_\_

Program:  Leaders [gr. 10-11] Open [gr. 7-9]Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Parent / Guardian Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

**Phone Contacts****Alternate Contact** [..if you can not be reached]

Home: \_\_\_\_\_

Name: \_\_\_\_\_

Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

**Transportation Information:**

<b>Arrival</b>		
<u>Sunday August 1, 2010</u>		
√	Location	Time
	Parent drop-off at camp	<b>4:00PM</b>
	Toronto – Havergal College, 1451 Avenue Road	<b>1:00PM</b>
	Toronto – Pearson International Airport - Terminal 3	<b>2:00PM</b>
Flight no: _____ Arriving from _____ Date: _____ Connecting flight no. _____ Airline: _____ Arrival time: _____		

<b>Departure</b>		
<u>Saturday August 7, 2010</u>		
√	Location	Time
	Parent pick-up at camp	<b>11:00AM</b>
	Toronto – Havergal College, 1451 Avenue Road	<b>1:30PM</b>
	Toronto – Pearson International Airport - Terminal 3	<b>1:00PM</b>
Flight no: _____ Departing from: _____ Date: _____ Connecting flight no. _____ Airline: _____ Departure time: _____		

**Note:** Campers arriving via air travel need to indicate their intention to do so on these forms as space on the bus is limited (we attempt to hold spaces for all campers arriving to Pearson Airport by the times noted). Detailed flight information must be received by Debate Camp no later than July 15, 2010. Flights arriving within 30 minutes of 1:30PM on Sunday August 1<sup>st</sup> can usually be accommodated. Any delays past 2:00PM – need to be arranged in advance. Information can be submitted by email to [nes@debatecamp.org](mailto:nes@debatecamp.org)

The charge for round-trip bus transportation is \$65.00 CAD / \$60.00 USD. Space on the bus is limited and late registrants cannot always be accommodated. Details on space available will be posted on the camp website: [www.debatecamp.org](http://www.debatecamp.org)

Please call us if you have any questions: 416 902 8154. Last minute alterations to travel plans and / or flight delays can communicated via this number. See the camp brochure for additional information.

**Personal and Confidential Information:**

Has your son / daughter been to a residential camp, or lived away from home for up to 1 week previous?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your son / daughter have any special dietary requirements? If so, please provide details:

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Does your son / daughter have any allergies? If so, please provide details \_\_\_\_\_

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Does your son / daughter require medication while at camp? If so, please provide details: \_

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Are there any emotional / behavioural concerns you wish the camp program staff to be aware of? \_\_\_\_\_

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Does your son / daughter have any requests for roommates while at camp?: \_\_\_\_\_

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As the camp is located on lake-front property, part of the recreational activity time may include supervised swimming. Is your son/ daughter a:

\_\_\_\_\_ Confident swimmer [able to swim up to 50 m. unassisted and / or tread water for 5 min]

\_\_\_\_\_ Weak swimmer [therefore we do not wish our son / daughter to be part of water-based activities]

## Consent for Medical Release and Hospitalization:

I understand that in case of a medical or surgical emergency every responsible effort will be made to contact me for permission for treatment. In the event that I cannot be reached, I hereby give my permission to Nicolas Szymanis to secure treatment and to authorize hospitalization, injections, anaesthesia, or surgery as necessary for his/her emergency care. I understand the expenses for such emergency treatments remain my responsibility.

Date [mm/dd/yy] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature; \_\_\_\_\_  
Parent / Legal Guardian

### Medical Insurance Information

[province / provider] \_\_\_\_\_ no. \_\_\_\_\_

## Waiver and Consent:

Name of Camper: \_\_\_\_\_

DOB [mm/dd/yy]: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I the undersigned as the Parent or Legal Guardian of the above named camper who will be attending Debate Camp Canada will:

1. Release and waive all claims or rights of action against Nicolas Szymanis and Debate Camp Canada and their agents, owners and employees in any way related to the child's attendance.
2. Indemnifies all of the parties mentioned above from the loss, damage, or liability, which they may suffer in any way related to the child's attendance at camp.
3. I authorize (  ) or do not authorize (  ) taking of pictures, motion pictures, and /or television pictures of my child during his/her stay at Debate Camp Canada. These items may be used by Nicolas Szymanis to promote Debate Camp Canada. All pictures and videos shall remain the property of Nicolas Szymanis and Debate Camp Canada.

Signature of Parent / Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_