

ONONDAGA CAMP

2017 ADDITIONAL CAMPER/LIT INFORMATION



...

Camper/LIT (first & last Name): _____

Session (A1, B, etc.): _____

Please use the following space to provide us with any information that you feel will be helpful in making your camper/LIT's stay at Onondaga a success. This information will only be shared with staff directly involved in the care of your camper.

What would **you** like your child to get out of their experience at Onondaga Camp?

What would **your child** like to get out of their experience at Onondaga Camp?

How would you describe your child's personality? (ie. outgoing, shy, active, etc.)

Is there anything else about your child you would like us to know?(ie. bedwetting, asthma, sleepwalking, bullying at school, etc.)

PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.
544 Eglinton Ave. East, Suite 100, Toronto, ON, M4P 1N9 Fax: 416-482-6237; camp@onondagacamp.com

ONONDAGA CAMP



2017 CAMPER ALLERGY HEALTH HISTORY

....

This form must be returned to the Camp before the camper/LIT arrives if he/she has a serious allergy that we should be aware of. Please be as thorough as possible. This information is a supplement to the health history which must also be submitted to the Camp.

Session (A1, A2, B1, B2, C): _____

Camper/LIT Name (first & last): _____ **Date of Birth** (mm/dd/yy): ____/____/____

Allergen (eg. peanuts, gluten, dairy, insect bites, hay fever)	Symptoms / Most Serious Reaction to Date (eg. itching, hives, trouble breathing)	History of Prior Medical Attention (ie. Emergency admittance to hospital, Epi-Pen or Allerject, prescription or non-prescription medication, family doctor, allergy specialist)	Regular Precautions (ie. avoidance, regular medication, medication as required, emergency measures on hand). If taking regular medication please indicate dosage & instructions.
1. _____ Please Select One: Minor (eg. sneezing, itching) Major (eg. hives, vomiting) Life Threatening (eg. trouble breathing, anaphylactic)			
2. _____ Please Select One: Minor (eg. sneezing, itching) Major (eg. hives, vomiting) Life Threatening (eg. trouble breathing, anaphylactic)			
3. _____ Please Select One: Minor (eg. sneezing, itching) Major (eg. hives, vomiting) Life Threatening (eg. trouble breathing, anaphylactic)			
4. _____ Please Select One: Minor (eg. sneezing, itching) Major (eg. hives, vomiting) Life Threatening (eg. trouble breathing, anaphylactic)			

My camper/LIT carries an Epi-Pen (please select one): YES NO

If more room is required please attach a second sheet with necessary details. Thanks!

I understand that should my child require either EpiPen, Allerject, ventolin or other specific medication related to the allergy, I will provide the required medication. I also understand that if my child has a life threatening or anaphylactic allergy my child will not participate in a canoe trip away from camp property unless I have made special arrangements, in writing, with the Director.

Date: _____

Signature of Parent/Guardian: _____

ONONDAGA CAMP



2017 CAMPER ALLERGY HEALTH HISTORY

....

This form must be returned to the Camp before the camper/LIT arrives if he/she has a serious allergy that we should be aware of. Please be as thorough as possible. This information is a supplement to the health history which must also be submitted to the Camp.

Session (A1, A2, B1, B2, C): _____

Camper/LIT Name (first & last): _____ **Date of Birth** (mm/dd/yy): ____/____/____

Allergen (eg. peanuts, gluten, dairy, insect bites, hay fever)	Symptoms / Most Serious Reaction to Date (eg. itching, hives, trouble breathing)	History of Prior Medical Attention (ie. Emergency admittance to hospital, Epi-Pen or Allerject, prescription or non-prescription medication, family doctor, allergy specialist)	Regular Precautions (ie. avoidance, regular medication, medication as required, emergency measures on hand). If taking regular medication please indicate dosage & instructions.
1. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			
2. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			
3. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			
4. _____ Please Select One: <input type="checkbox"/> Minor (eg. sneezing, itching) <input type="checkbox"/> Major (eg. hives, vomiting) <input type="checkbox"/> Life Threatening (eg. trouble breathing, anaphylactic)			

If more room is required please attach a second sheet with necessary details. Thanks!

I understand that should my child require either EpiPen, Allerject, ventolin or other specific medication related to the allergy, I will provide the required medication. I also understand that if my child has a life threatening or anaphylactic allergy my child will not participate in a canoe trip away from camp property unless I have made special arrangements, in writing, with the Director.

Date: _____ Signature of Parent/Guardian: _____

ONONDAGA CAMP

2017 POLICIES AND EXPECTATIONS FOR ONONDAGA CAMPERS

....



PLEASE READ AND REVIEW THE FOLLOWING WITH YOUR CAMPER/LIT(S).

At Onondaga, we are committed to making camp a safe and supportive environment that allows campers/LITs to become more self assured and accepting of others. In order to help fulfill this commitment we have a number of policies and expectations with regard to camper/LIT behaviour while at camp. We review these in detail with campers/LITs when they arrive at camp. There are a number of these policies and expectations that we wish you to review with your camper/LIT prior to their arrival. We need to ensure we have the full understanding and support of our families and our campers/LITs in this regard.

1. **Alcohol and Drugs** - No camper or LIT may possess or consume any alcohol on Camp property or while in the Camp's charge. No camper or LIT may possess or use non-medicinal drugs on the Camp property or while in the Camp's charge. Any camper or LIT found breaking these policies will be dismissed from Onondaga.
2. **Smoking** – Campers/LITs are not permitted to smoke/vaporize or to have cigarettes or vaporizers in their possession. Any camper/LIT found smoking/vaporizing in any building or tent will be dismissed from Onondaga. Campers/LITs found smoking/vaporizing elsewhere or having cigarettes or vaporizers in their possession will have their parents notified and may, at the discretion of the Director, be dismissed from Onondaga.
3. **Lights Out** - After lights out, campers/LITs are expected to stay in their tent for their own safety. Campers/LITs found outside their tent after this time, without a legitimate reason, will have their parents notified and may, at the discretion of the Director, be dismissed from Onondaga.
4. **Harassment** - No bullying or harassment of any kind - physical, verbal, sexual or emotional will be tolerated. Campers/LITs who break this policy may, at the discretion of the Director, be dismissed from Onondaga. ***PLEASE READ OUR FULL HARASSMENT POLICY ON PAGE 15 OF OUR PARENT HANDBOOK.***

These policies will be strictly enforced to ensure the safety and well being of campers and to maintain the Onondaga atmosphere we are all so proud of. Where any camper is dismissed from Onondaga, any portion of unused camp fees will not be refunded.

Please sign below to indicate that you have discussed these policies with your camper.

Parent Signature	Print Name	Date
------------------	------------	------

I have read and clearly understand the policies stated above, and I agree to follow them while at Onondaga Camp.

Camper/LIT 1: _____	Print Name	Date
<small>Camper Signature</small>		

Camper/LIT 2: _____	Print Name	Date
<small>Camper Signature</small>		

Camper/LIT 3: _____	Print Name	Date
<small>Camper Signature</small>		

Camper/LIT 4: _____	Print Name	Date
<small>Camper Signature</small>		

PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.
 544 Eglinton Ave. East, Suite 100, Toronto, ON, M4P 1N9 Fax: 416-482-6237; camp@onondagacamp.com

ONONDAGA CAMP



2017 CANOE TRIP SIGN UP

....

Bantam, Inter, Senior and Super Senior campers (aged 11 to 15 in 2017) must sign up for their canoe trip *before* they come to camp. This allows us to make the necessary Provincial Park bookings as popular trip routes are becoming harder to secure each year. Canoe trips continue to be a valuable part of the Onondaga experience and we encourage all campers to participate.

IF YOUR CAMPER(S) WOULD LIKE TO PARTICIPATE IN A CANOE TRIP THIS FORM MUST BE RETURNED TO OUR TORONTO OFFICE BEFORE JUNE 1, 2017. Please note that, regrettably, forms will not be accepted after this date.

Please note that Onondaga reserves the right to cancel canoe trips due to low enrollment. This situation happens infrequently and parents will be notified right away if a trip is being cancelled.

Canoe Trip Lengths

Bantam (age 11 & 12) - 3 Day Trip
Senior (age 14) - 4 Day Trip
Super Senior (age 15) - 4 Day Trip

Inter (age 13) - 4 Day Trip
Super Senior (age 14) - 7 Day Trip (4 wk. campers only)
Super Senior (age 15) - 7 Day Trip (4 wk. campers only)

Sign Up

The length of canoe trip will be automatically determined by the camper's Section (age). If the camper is a 'Senior' or 'Super Senior' attending a 4 week stay and they would like to participate in the 7 day trip please be sure to indicate this below.

Please sign the following camper(s) up for a canoe trip:
(forms are required only for campers who would like to participate)

Camper #1: First & Last Name: _____

If your camper is a Senior or Super Senior, attending a 4 week session, and they would like to go on the 7 day trip please check here:

Camper #2: First & Last Name: _____

If your camper is a Senior or Super Senior, attending a 4 week session, and they would like to go on the 7 day trip please check here:

Camper #3: First & Last Name: _____

If your camper is a Senior or Super Senior, attending a 4 week session, and they would like to go on the 7 day trip please check here:

Camper #4: First & Last Name: _____

If your camper is a Senior or Super Senior, attending a 4 week session, and they would like to go on the 7 day trip please check here:

Parent Signature: _____ Camper Signature: _____

Please note that all campers born in 2007, enrolled in a two week or four week session, will have the opportunity to participate in an overnight trip. Sign up is not required for Jinci campers.

PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.
544 Eglinton Ave. East, Suite 100, Toronto, ON, M4P 1N9 Fax: 416-482-6237; camp@onondagacamp.com

ONONDAGA CAMP



2017 CLOTHING PRE-ORDER FORM

Camper 1 (first & last name): _____ **Camper 2** (first & last name): _____

Camper 3 (first & last name): _____ **Camper 4** (first & last name): _____

This form must be returned to the Toronto Office by June 1, 2017 if you wish to pre-order clothing. Clothing will be sent to your home prior to the Camp Session, provided payment accompanies the order.


Onondaga Camp clothing may be ordered in advance. **To assure availability of your child's size, we strongly suggest that you pre-order clothing, especially for those campers attending camp in August.** If you do not wish to pre-order, clothing may be purchased at the Onondaga Tuck Shop, provided a Tuck Permission Form has been completed. Unfortunately we cannot guarantee sizes and colours etc. at the Tuck Shop.

2017 Clothing Line Up!




T-Shirt (Blue)
 \$23.10 Youth
 \$24.86 Adult
 (taxes included)

Sizes:
Youth - S(8), M(10), L(12)
Adult - XS, S, M, L, XL, XXL



Hooded Sweatshirt
 (Heather Navy)
 \$57.75 Youth
 \$62.15 Adult
 (taxes included)

Sizes:
 Youth - S(8), M(10), L(12)
 Adult - XS, S, M, L, XL, XXL



Toque
 (red, blue & white)
 \$24.86 (tax included)

One Size



Track Pants (charcoal grey)
 \$63.00 Youth
 \$67.80 Adult
 (taxes included)

Sizes:
Youth - S(8), M(10), L(12)
Adult - XS, S, M, L, XL, XXL



Baseball Hat
 (red, blue & white)
 \$24.86 (tax included)

One Size

Water bottles, sunglasses, long sleeve t-shirts and stuffed animals will be available at camp.

Camper Name	Item	Size

Please note that there is a shipping charge of \$12.50 (INCLUDING TAX) required for all orders.

I would like to pay for pre-ordered clothing costs by (please check one): Visa MasterCard Cheque

Card Number: _____ Expiry Date: _____

Name on Card: _____

If paying by cheque please make payable to 'Onondaga Camp' and enclose with form.

IF YOU WOULD LIKE TO PRE-ORDER CLOTHING, PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.

ONONDAGA CAMP



2017 CAMPER/LIT HEALTH HISTORY

....

Please be as thorough as possible as this information is to be shared with the Camp Nurse/Doctor, Directors and specific counsellors involved with your child. The camp must be notified of any change in health status from the time this form is completed until the camper/LIT starts camp. Please attach a copy of immunization record to this form.

Session: _____

Camper/LIT Name (first & last): _____ **Date of Birth:** month / day / year

Health Card # (optional): _____ version code: _____ Expiry Date: month / day / year

If the camper does not have a current Ontario Health Card a copy of their medical insurance must be attached to cover any medical care outside of camp.

Home Address: _____
Street City Province Postal/Zip Code Country

Custody/Living Arrangements: Both Parents Shared Custody Sole Custody

Parent #1

Name: _____ Relationship: _____
Cell #: _____ Home #: _____
Business #: _____ ext: _____

Parent #2

Name: _____ Relationship: _____
Cell #: _____ Home #: _____
Business #: _____ ext: _____

Emergency Contact (if parents cannot be contacted):

Name: _____ Relationship: _____
Cell #: _____ Home #: _____ Business #: _____

Family Physician Information:

Name (first & Last): _____ Phone #: _____ ext: _____

Are all immunizations up to date (ie. Diphtheria, tetanus)? Yes No

Last Date of Tetanus Toxoid: month/ year

My child wets the bed: Yes No

If yes, would you like your child woken up once after bedtime to use the washroom? Yes No

Females Only: Has she menstruated? Yes No

If no, has she been told about menstruation? Yes No

Please indicate if your camper/LIT has had any of the following:

- | | | | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles – Red | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Measles – German | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Sun Sensitivity | <input type="checkbox"/> Eczema | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Operation(s) recent | | <input type="checkbox"/> Serious Injury (recent) | | <input type="checkbox"/> Ear infections (frequent) | |

Please give details of the above:

ONONDAGA CAMP



2017 CAMPER/LIT HEALTH HISTORY

....

Anaphylactic Allergies:

Does the camper have any Anaphylactic (life threatening) allergies? Yes No

If yes, please list the anaphylactic allergy: _____ Date of last reaction: month / year

Other Allergies (a separate Allergy Form must also be completed for all serious allergies):

Please check all that apply:

Food: Nuts/Peanuts/Tree nuts Dairy Other Food – Please specify: _____

Drugs/Medication – Please specify: _____

Environmental (hay fever etc.)

Latex (balloons, gloves, band aides etc.)

Animals – Please specify: _____

Insects – Please specify: _____

Other – Please specify: _____

Dietary Requirements:

Regular, diet as tolerated

Lactose-Intolerant

Vegetarian: Semi-Vegetarian (no beef or pork) Lacto-Ovo (no beef, pork, chicken, seafood or fish)

Vegan (no meats, eggs or dairy) Other – Please specify: _____

Gluten Free Diet If yes, is there a medically confirmed diagnosis of Celiac? Yes No

Other food restrictions – Please specify: _____

Has the camper ever been diagnosed with an Eating Disorder/ Disordered Eating or displayed similar symptoms? Yes No If yes, please explain: _____

Emotional, Social and Mental Health History:

Detailed answers to these questions will assist us in making your camper's stay at camp safe and successful; if you require more space for specifications, please attach another page.

Has the camper received a diagnosis of Attention Deficit Disorder (ADD) or ADHD? Yes No

Has the camper received a psychiatric diagnosis, such as depression, OCD, or panic/anxiety? Yes No

If yes, please specify: _____

Does the camper see a professional to address mental/emotional concerns? Yes No

If yes, please specify: _____

Has the camper required counseling for emotional, behavioural or mental health concerns? Yes No

If yes, please specify: _____

Does the camper have a learning disability? Yes No If yes, please specify: _____

Does the camper have any physical disabilities? Yes No If yes, please specify: _____

Are there any restrictions to activities or any accommodations required for full participation in the camp program? Yes No If yes, please specify what adaptations or limitations may be necessary: _____

Other Relevant Information:

Is there anything that has not been covered that you would like to share with us (eg. Recent illness of a family member, change in family situation)?

ONONDAGA CAMP

2017 CAMPER/LIT HEALTH HISTORY



....

Medication:

Does the camper currently take any medication (including non-prescription drugs) at home on a regular basis? Yes No If yes, please specify: _____

List any medications that will be discontinued while at camp: _____

PLEASE NOTE: All medication must be in the original container or pharmacy issued blister pack. Non-prescription medications must also be in the original container with proper labeling. Please bring/send enough medication to last the entire time at camp. All medication, vitamins, etc., must be turned over to the Health Centre.

Please use the chart below to list any prescription and/or non-prescription medication or treatments to be given while at camp:

Name of Medication/ Treatment	Dose (amount)	Route (method med is taken by)	Time(s) (taken each day)	Reason (for taking /diagnosis)	Special Instructions
<i>Eg. EpiPen, Salbutamol, Risperdal</i>	<i>Eg. 2 puffs inhaler, 1.5 mg pill</i>	<i>Eg. By mouth</i>	<i>Eg. As needed, 8am</i>	<i>Eg. Asthma, ADHD</i>	<i>Eg. Crushed, with apple sauce</i>

To the best of my knowledge, this camper/LIT is in good health and has not been exposed to any infectious disease in the past four weeks. If he/she becomes exposed to any infectious disease between now and the time of departure for Camp or has any change in medical health, I will inform the Camp in writing prior to his/her arrival at Camp. In the case of surgical emergency, and we are not immediately available for consultation, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the above-named child. I also authorize any physician currently treating my child or who has treated my child in the past or any other hospital or institution in which my child has received treatment to release any medical information concerning my child's previous or current medical history or condition to the Directors of the Camp and/or any physician selected by them to treat my child pursuant to the authorization given herein. I hereby agree that any matters arising out of my child's stay at Onondaga Camp or his/her medical treatment, including any relationship with a physician or hospital, shall be governed by the laws of the Province of Ontario and I hereby submit to the exclusive jurisdiction of the courts of the Province of Ontario in that regard.

Signature of Parent/Guardian

Date

ONONDAGA CAMP

2017 SWIMMING PROFILE



....

Camper/LIT (first & last Name): _____

Session (A1, B, etc.): _____

Each camper/LIT will be required to complete a short swim test on the first full day of camp. This will help ensure their safety at waterfront activities and allow us to place them in the proper swim class. Each camper will participate in a fifty minute period of swimming lessons each day! **To help us place your child in a class please fill out the following to the best of your knowledge.**

Please check the box below to indicate the **most recent** swim level that your camper/LIT has completed.

Please Check ✓	Date & Location Completed	Canadian Red Cross	Common Equivalencies	
			Lifesaving Society "Swim For Life"	City of Toronto "Ultra"
		Swim Kids 1	→ Swimmer 1	Ultra 1
		Swim Kids 2	→ Swimmer 2	Ultra 2
		Swim Kids 3	→ Swimmer 3	Ultra 3
		Swim Kids 4	→ Swimmer 4	Ultra 4
		Swim Kids 5	→ Swimmer 5	Ultra 5
		Swim Kids 6	→ Swimmer 5	Ultra 6
		Swim Kids 7	→ Swimmer 5	Ultra 7
		Swim Kids 8	→ Swimmer 6	Ultra 8
		Swim Kids 9	→ N/A	Ultra 9
		Swim Kids 10	→ N/A	Ultra 10/11

Please Check ✓	Date & Location Completed	Lifesaving Society	Prerequisites
		Bronze Star	→ N/A
		Bronze Medallion	→ 13 years old (at the time of course) <u>or</u> Bronze Star and 12 years old
		Emergency First Aid with CPR B	
		Bronze Cross	→ Bronze Medallion and Emergency First Aid with CPR B

PLEASE NOTE:

If your camper/LIT has completed Bronze Star, Bronze Medallion or Bronze Cross **we require a photocopy of the certification before they may participate in the next level.** For replacement copies please contact the Lifesaving Society (416-490-8844).

<input type="checkbox"/>	My camper/LIT is a non-swimmer	<input type="checkbox"/>	My camper/LIT has never taken swimming lessons
<input type="checkbox"/>	My camper/LIT has taken swimming lessons outside of Canada Please rate their ability (check one #): (weak) 1 2 3 4 5 (advanced)		

Our lessons range from Red Cross Swim Kids levels 1 – 10 to the Lifesaving Society’s Bronze Cross. Final examinations will be conducted at the Medallion and Cross levels (**please note that these exams are available for 4-week campers only**). We will be offering the Lifesaving Fitness level for those campers who have completed the Bronze levels.

PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.
544 Eglinton Ave. East, Suite 100, Toronto, ON, M4P 1N9 Fax: 416-482-6237; camp@onondagacamp.com

ONONDAGA CAMP



2017 BUS, AIRPORT & TRAIN TRANSPORTATION FORM

....

Please complete this form if your camper(s)/ LIT(s) require bus transportation to/from Toronto or pick up/drop off at either Toronto Pearson International Airport or Union Station (train). Thanks!

Camper/LIT 1 (first & last Name): _____ **Session** (A1, B, etc.): _____

Camper/LIT 2 (first & last Name): _____ **Session** (A1, B, etc.): _____

Camper/LIT 3 (first & last Name): _____ **Session** (A1, B, etc.): _____

Camper/LIT 4 (first & last Name): _____ **Session** (A1, B, etc.): _____

ARRIVAL DAY

MY CAMPER(S) WILL ARRIVE BY (PLEASE CHECK ONE):

- CAMP BUS** (Loblaws - 11 Redway Road) \$65 + HST
- TRAIN** (UNION STATION, TORONTO) \$75 +HST
 TRAIN #: _____
 TIME: _____
 ARRIVING FROM (CITY): _____
- PLANE** (TORONTO PEARSON AIRPORT) \$100 +HST
 AIRLINE: _____
 FLIGHT #: _____
 TERMINAL (1 OR 3): _____
 ARRIVAL TIME: _____
 ARRIVING FROM (CITY): _____

Please note that in order to be met by an Onondaga flights must arrive in Toronto between 11:00 am and 7:00 pm.

DEPARTURE DAY

MY CAMPER(S) WILL DEPART BY (PLEASE CHECK ONE):

- CAMP BUS** (Loblaws - 11 Redway Road) \$65 + HST
TRAIN (UNION STATION, TORONTO) \$75 +HST
- TRAIN #: _____
 TIME: _____
 DEPARTING TO (CITY): _____
- PLANE** (TORONTO PEARSON AIRPORT) \$100 +HST
 AIRLINE: _____
 FLIGHT #: _____
 TERMINAL (1 OR 3): _____
 TIME: _____
 DEPARTING TO (CITY): _____

Campers traveling as unaccompanied minors must have all fees paid for, with the airline, in advance. All flights must depart from Toronto between 11:00am and 7:00pm.

Please note that copies of all train and plane tickets must be provided to the camp office at least one month before camp stay. For additional transportation information, including maps, please see pages 8, 16 and 17 in the Parent Handbook.

I would like to pay for transportation costs by (please check one): Visa MasterCard Cheque

Card Number: _____ Expiry Date: _____

Name on Card: _____

Please make cheques payable to 'Onondaga Camp' and enclose with this form.

PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.
 544 Eglinton Ave. East, Suite 100, Toronto, ON, M4P 1N9 Fax: 416-482-6237; camp@onondagacamp.com

ONONDAGA CAMP

2017 TUCK PERMISSION FORM



....

Camper/LIT 1 (first & last Name): _____	Session (A1, B, etc.): _____
Camper/LIT 2 (first & last Name): _____	Session (A1, B, etc.): _____
Camper/LIT 3 (first & last Name): _____	Session (A1, B, etc.): _____
Camper/LIT 4 (first & last Name): _____	Session (A1, B, etc.): _____

Our Camp Tuck Shop carries a limited selection of Onondaga clothing in addition to supplies such as batteries, toiletries, writing materials etc. Clothing may be ordered in advance (see Clothing Pre-order Form) and will be sent to your home prior to the Camp Session, provided payment accompanies the order. **To assure availability of your child's size, we strongly suggest that you pre-order clothing.**

PLEASE SELECT ONE THE FOLLOWING:

OPTION A

My child has permission to purchase toiletry and clothing items from the Onondaga Camp Tuck Shop during his/her stay. I understand that the charges will be applied to my child's Tuck account.

Permitted items (tick off as apply):

- | | |
|--|---|
| <input type="checkbox"/> All items | <input type="checkbox"/> Toque |
| <input type="checkbox"/> Baseball Hat | <input type="checkbox"/> Track Pants |
| <input type="checkbox"/> Disposable Camera | <input type="checkbox"/> T-shirt |
| <input type="checkbox"/> Tank Top | <input type="checkbox"/> Stuffed Animal |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Long Sleeve T-Shirt | <input type="checkbox"/> Sweatshirt |

OPTION B

My child has permission to purchase toiletry and essential items from the Onondaga Camp Tuck Shop but I DO NOT give permission for my child to purchase clothing items. I understand that the charges will be applied to my child's Tuck account.

Note: We will not permit any camper to purchase clothing items unless we receive your permission.

Parent/Guardian Signature: _____ Date: _____

Please note that we require a credit card number on file in order for a camper to make ANY purchases (food or clothing) in the Tuck Shop.

I would like to pay for any Tuck Shop purchases by (please check one): Visa MasterCard

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Please note that payments for purchases made in the Tuck Shop will be processed in August and September.

PLEASE COMPLETE AND RETURN TO THE TORONTO OFFICE BY JUNE 1ST.
 544 Eglinton Ave. East, Suite 100, Toronto, ON, M4P 1N9 Fax: 416-482-6237; camp@onondagacamp.com