



EFSC Eco Leadership Camp Registration Form Summer 2018

For Children Grade 6-8

At this summer experience, we incorporate ecological literacy into active outdoor learning to promote leadership and stewardship through the Global Competencies. Our week will include a variety of hands on activities in the natural environment and promote nature journaling, while incorporating journey sticks, photography and art connections.

- **Weekdays** from 9:00 AM to 3:00 PM.
- **Highly Qualified and Trained TDSB Staff**

Sessions and Dates

Week One

Tuesday July 3rd – Friday July 6th
\$175 (4 days)

Week Two

Monday July 9th – Friday July 13th
\$220 (5 days)



Complete the registration form and email it to michelle.blackie@tdsb.on.ca or mail it to the address below. We encourage payment to be done through School Cash Online, or cheques may be made out to TDSB – Etobicoke Field Studies Centre.

**Etobicoke Field Studies Centre (located in the Claireville Conservation Area)
8180 Hwy. 50, Brampton,
L6T 0A6
Telephone Number: (905) 794-2171**

<http://schoolweb.tdsb.on.ca/efsc/EFSC-Eco-Leadership-Summer-Camp>

Registration Policies

Grade Specifications

Registrants must be in grades 6-8

Camp Hours

The camp day begins at 9:00 am and ends at 3:00 pm with bus pick up and drop off at Smithfield and Elmbank.
Camp runs rain or shine.

Fees

The cost per child for Week ONE of camp is **\$175 (4 day week)**

The cost per child for Week TWO of camp is **\$225 (5 day week)**

School Cash Online is preferred, however cheques will also be accepted. (No post dated cheques please).

Please make cheques payable to: **TDSB- Etobicoke Field Studies Centre**. Please include **“Camp Fees”** in the memo line.

Space is limited - we recommend you register by June 1

Withdrawal


EFSC Eco-Leadership Camp will not grant full or partial refunds after June 15, 2018.

Health Forms and Medication

All parents/guardians must complete a health and medical form along with their child's registration.

Any medications indicated on the form (i.e. **inhalers or epipens**) must accompany children to camp daily.

Mandatory

- 
- ⑥ Lunch (nut-free)
 - ⑥ Sunhat
 - ⑥ Close-Toed Shoes
 - ⑥ Water Bottle
 - ⑥ Personal life saving medications
(epipen, puffer, etc.)

WHAT TO BRING

Optional

- ⑥ Bug Spray/Sunscreen
- ⑥ Change of Clothes
- ⑥ Book to Read



EFSC Eco Leadership Camp 2018 Registration Form

(Must be completed and signed - please PRINT clearly)

Camper's Name _____ Gender _____
First Name Last Name

Grade _____ School _____ Birthdate _____
Day Month Year

Email _____

Address _____ City _____
Apt Postal Code

Parent/Guardian Contact _____
First Name Last Name

Home Phone _____ Business Phone _____ Cell Phone _____

Parent/Guardian Contact _____
First Name Last Name

Home Phone _____ Business Phone _____ Cell Phone _____

Emergency Contact (not a parent) _____ Relation to Camper _____
First Name Last Name

Home Phone _____ Business Phone _____ Cell Phone _____



Weeks Attending (Please check boxes and calculate the total below) Discounted fees are in brackets

- ☐ Week 1 - Tues July 3rd – Friday July 6th \$175 _____
- ☐ Week 2 - Monday July 9th – Friday July 13th \$220 _____

Total = _____

Authorization of Child Pick-Up

Transportation to and from camp is provided, however, in the event that your child needs to be picked up early, please indicate who has permission to do so.

I hereby give my consent for EFSC Eco Leadership Camp staff to allow my child to be picked up by the following person(s) other than the parent.

Person picking up child _____ Relationship _____ Phone # _____

Person picking up child _____ Relationship _____ Phone # _____

Camper Media Release

I, _____, hereby give consent to my child _____ being
Name of parent/guardian Camper's Name
photographed by the media (print and broadcast), and employees, agents or servants of EFSC Eco Leadership Camp between July 3rd – July 13th, 2018, at the Etobicoke Field Studies Centre. _____

Signature of parent/guardian



ECO Leadership Camp 2018 Health and Medical Form

Camper's Name _____ Ontario Health
 Family Doctor _____ Card Number _____
 Telephone (Doctor) _____

Please circle any of the following health or medical conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in camp activities

- ☐ Asthma ☐ Fainting Spells ☐ History of Head injuries ☐ Rheumatic Fever
☐ Chronic Nosebleed ☐ Feet or Leg problems ☐ Migraine ☐ Seizures
☐ Diabetes ☐ Hemophilia ☐ Rash ☐ Urinary Infections
☐ Digestive upsets ☐ Heart problems ☐ Recent illness or operation ☐ Other _____
☐ Ear, Nose, Throat infections ☐ Hernia
☐ Dislocated shoulder, swollen, painful joints, 'trick or lock' knee or other joint disability

Give details of usual treatment for each of the above conditions indicated _____

Please explain if your child/ward has any medical condition that requires modification of his/her program _____

Allergies/Asthma

Please list all known confirmed allergies and/or asthmatic triggers:

Allergy / Asthma	Rate Severity				Reaction/ Treatment
	Mild	2	3	Life Threatening	
_____	1	2	3	4	_____
_____	1	2	3	4	_____
_____	1	2	3	4	_____

Does your child/ward have an EpiPen? ☐ Yes ☐ No Does child/ward have an asthma inhaler? ☐ Yes ☐ No

**If allergy or asthma is Life-Threatening, a Doctor's Signature is required below.
 Camper's must bring required medications for the duration of their stay at camp.**

Medication

All medication shall be collected and monitored by the camp director

Does your child/ward take prescribed medication on a regular basis? ☐ Yes ☐ No

Name of Medication	Reason	Dosage	Method of Administration
_____	_____	_____	_____
_____	_____	_____	_____

Is the camper self medicating? ☐ Yes ☐ No

Dietary

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons _____

General

(1) Does your child/ward wear or carry medical alert identification? ☐ Yes ☐ No

If Yes, please specify what is written upon it _____

(2) Does your child/ward have any special fears or conditions, the knowledge of which will allow the Camp Director to make the camper's excursion more relaxed: ☐ Yes ☐ No If Yes, please explain _____

Consent of Parent/Guardian

Should it become necessary for my child/ward to have medical care, I hereby give camp staff permission to use their best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible

Name of Parent/Guardian (please print) _____ Signature _____

Parent/Guardian

Doctor's Signature (see above) _____ Date _____