



Rumball Camp of the Deaf Winter Staff Weekend Retreat

Please fill out the attached forms **COMPLETELY** and return by mail or email as soon as possible. This will ensure your position at the retreat.

IMPORTANT INFORMATION

- **REMINDER:** This is for past STAFF only, within the last 5 years. Must be 15 years old or older.
- Attach a clear copy of your health card.
- **COST:** Your \$60.00 fee must be received BEFORE retreat. Can be paid via etransfer, cheque, money order or cash submitted with your registration package by JANUARY 1st, 2018. A late fee until JANUARY 15th will be \$75.00.
- **ETRANSFER MONEY TO DEREK RUMBALL:** drumball@bobrumball.org
- **TRANSPORTATION:** There MAY BE a bus, depending on numbers. The cost for this is an additional \$30.00. We Cannot gurantee transportation. Try and find your own transportation to and from the retreat. Carpooling arrangements can be made by joining the Facebook event page and discussing through that online forum.
- **ARRIVAL:** You will arrive at camp on Friday, January 26, 2018 between 7:00pm and 9:00pm.
- **DEPARTURE:** You will leave camp at 12:00pm on Sunday, January 28, 2018.
- **CAMP LOCATION:** The Rumball Camp of the Deaf is located 10 miles south of Parry Sound, Ontario just off of Highway 400/69. Take exit 213 to Highway 69 south, turn right onto Blackstone and Crane Lake Road and follow the signs. GPS ADDRESS: **Bob Rumball Camp of the Deaf, 236 Blackstone and Crane Lake Rd, Seguin, Ontario, P2A 2W8**
- **CONFIRMATION:** You will receive a confirmation email, indicating that your forms and payment have been received. NOT all participants will be accepted. You may be denied the privilege of attending, based on your past camp behavior and experience, at the discretion of the Camp Director.
- **DIETARY NEEDS:** If you require special food accommodations, you are required to bring your own food. You will have access to a fridge and microwave accordingly.
- **MEDICATIONS:** You are responsible for the administration of your own medications. As adults, you should be able to take your own medications in the correct dosages at the correct time.

Return this COMPLETED package to:

Winter Weekend Retreat

c/o

Bob Rumball Camp of the Deaf

2395 Bayview Avenue,

North York, Ontario M2L 1A2

OR EMAIL THE DIGITAL VERSION TO: deafcamp@bobrumball.org



Behavioural Agreement

I, _____, will attend the Winter Weekend Retreat at the Rumball Camp of the Deaf.

I agree to the following:

- To be at camp during the accepted dated without interruption
- I have paid the full amount for participation of \$60.00 or \$75.00
- The use of non-prescribed illegal drugs will terminate my stay at Rumball Camp of the Deaf .
- The consumption of alcohol on or off camp property during my time at Rumball Camp of the Deaf will result in my departure from camp.
- The underage use of alcohol or any illegal drugs will involve the Ontario Provincial Police.
- Any sexual misconduct with staff or camper will result in immediate dismissal and the involvement of the O.P.P.
- I understand the philosophies and purpose of the Rumball Camp of the Deaf and will perform to the best of my abilities while at camp.
- I understand the Christian character and beliefs of the Rumball Camp of the Deaf and will respect the policies and decisions based on those beliefs.
- I will leave camp property only upon asking permission during my time at the retreat. I will only drive those over 18 years of age with me, unless written consent from 16-17 year old parents, arrangements made prior.

I have read and understand the above.

Signed _____ Date _____

Director _____ Verified date _____



Rumball

BOB RUMBALL CAMP OF THE DEAF

STAFF MEDICAL FORM

Health Card # _____ Birth date: _____

NAME: (please print) _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL: _____

DEAF HARD OF HEARING HEARING

PARENT/GUARDIAN: _____ (relationship) _____

Father: name: _____ Address: _____ Phone: _____

Mother: name: _____ Address: _____ Phone: _____

Please answer the following questions so that we can provide proper health care.

ALLERGIES: Yes No What _____ ALLERGY MEDICATIONS: _____

HEPATITIS B: Vaccine: Yes No Status: Positive Negative LAST TETANUS NEEDLE: _____

MEDICATION: Send all medication in **PROPERLY LABELLED** containers.

Name: Drug and MD/ML How many: B L D Bedtime

B-breakfast, L-lunch, D-dinner

RELEASE FORM

Parent/Guardian...please sign your name.

If over 18, please sign yourself.

I _____ give permission to the Bob Rumball Camp of the Deaf, to seek medical treatment for _____ as deemed necessary by the camp medical staff and/or a qualified medical doctor. I also agree to assume responsibility for any expense in the event of illness or accident.

Parent/Guardian or Self _____ (please print) Signature: _____

EMERGENCY CONTACT: name - relationship - phone #

1. _____

FAMILY DOCTOR: _____ PHONE: _____



**BOB RUMBALL CAMP OF THE DEAF
WINTER RETREAT CONTACT INFORMATION**

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE # HOME: _____ CELL: _____

EMAIL ADDRESS: _____

HEALTH CARD # _____

DEAF _____ HEARING _____ HARD OF HEARING _____

YEAR(S) YOU WERE STAFF AT CAMP: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE: _____

Transportation Required From BRCCED Toronto: Yes _____ No _____

Transportation Required From Barrie Northbound Enroute: Yes _____ No _____

Confirmation of Transportation availability and cost will be sent directly to applicant.



BOB RUMBALL FOUNDATION FOR THE DEAF
 BOB RUMBALL CENTRE FOR THE DEAF
 BOB RUMBALL ASSOCIATIONS FOR THE DEAF
BOB RUMBALL CAMP FOR THE DEAF
 BOB RUMBALL HOME FOR THE DEAF

ASSUMPTION OF RISK AND
 RESPONSIBILITY and RELEASE OF LIABILITY

There are significant elements of risk in any adventure, sport or activity associated with a “The **Ontario Camp of the Deaf & Motocamp**”.(THE CAMP)the Township and Municipality of Seguin and S.M.A.R.T.. Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death.

ACKNOWLEDGEMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks: 1)

- Slips, trips, falls or painful crashes while using the facilities or equipment,
- 2 Misuse of equipment or facilities, or failure of equipment;
- 3 My physical strength, coordination, sense of balance, and ability to follow or give directions while enrolled at the camp
- 4 Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident
- 5 The presence, actions or falls of other participants.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for damage to or loss of my/our personal property. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing an approved helmet may help prevent head and/or neck injuries. I assume the risk(s) of personal injury accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions-, dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries-, insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize, **The Camp** as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors and requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION

I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become The Camp’s property and may be used for promotional or commercial purposes.

RELEASE:

In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: The Ontario Camp of the Deaf, The Ontario Mission of the Deaf, its Directors and Founders., principals, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence). I have

read and understood the foregoing acknowledgement of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

Participant's Name (Printed): _____ Signature: _____

If the participant is under 18, the Parent or Legal Guardian must also acknowledge risk and sign

Printed name _____
 Signed: _____ Date _____