

*The Summer of 2018 will be here soon.*

**There are some significant changes in the dates in our Summer Program. Please take note to the dates below**

**Senior Camp**

**Friday July 6 to Wednesday July 18  
For children in High School.**

**Junior A Camp**

**Friday July 20 to Friday July 27  
Grade 6, 7 and 8**

**Junior B Camp**

**Friday July 27 to Friday Aug 3  
Kindergarten to Grade 5**

*\*There is option for Grade 6, 7 and 8 to attend Junior Session B with an understanding that the program is geared towards younger children. An additional fee will apply*

**Special Camp**

**Friday Aug 3 to Friday August 10  
Complete information can be found in the camper application**

# BUS\TRANSPORTATION SCHEDULE

| <b>SESSION</b>  | <b>DATE</b>    | <b>TO CAMP<br/>BUS LEAVES<br/>RUMBALL<br/>CENTRE<br/>TORONTO</b> | <b>TO CAMP<br/>BUS<br/>LEAVES<br/>BARRIE</b> | <b>FROM CAM<br/>BUS<br/>ARRIVES<br/>BARRIE</b> | <b>FROM CAMP<br/>BUS ARRIVES<br/>RUMBALL<br/>CENTRE<br/>TORONTO</b> |
|-----------------|----------------|--|--|--|---|
| <b>SENIOR</b>   | <b>JULY 6</b>  | <b>1:00 PM</b>   | <b>2:00PM</b>                                |  |   |
| <b>SENIOR</b>   | <b>JULY 18</b> |  |  | <b>11:00AM</b>                                 | <b>12:00</b>  |
| <b>JUNIOR A</b> | <b>JULY 20</b> | <b>1:00PM</b>  | <b>2:00PM</b>                                |  |   |
| <b>JUNIOR A</b> | <b>JULY 27</b> |  |  | <b>11:00 AM</b>                                | <b>12:00 PM</b>   |
| <b>JUNIOR B</b> | <b>JULY 27</b> | <b>1:00PM</b>  | <b>2:00PM</b>                                |  |   |
| <b>JUNIOR B</b> | <b>AUG 3</b>   |  |  | <b>11:00 AM</b>                                | <b>12:00 PM</b>   |
| <b>SPECIAL</b>  | <b>AUG 3</b>   | <b>1:00 PM</b>   | <b>2:00PM</b>                                |  |   |
| <b>SPECIAL</b>  | <b>AUG 10</b>  |  |  | <b>11:00PM</b>                                 | <b>12:00PM</b>  |

**THIS INFORMATION IS VERY IMPORTANT.**

**THE BUS SCHEDULE HAS CHANGED**



# Bob Rumball Camp of the Deaf

**Note Date changes for 2018. Attached you will find our Camper application and information package for the summer of 2018. Please read and fill out all the necessary information.**

## **New information for 2018.**

- **Senior, Campers Grade 9 and up begins on Friday, July 6 until Wednesday, July 18**
  - **Transportation is available \$40**
    - To Camp Friday, July 6
    - From Camp Wednesday, July 18
- **Junior A Camp Friday July 20 to Friday July 27**
  - **Transportation is available \$40**
    - To Camp Friday, July 20
    - From Camp Friday, July 27
- **Junior B Camp Friday July 27 to Friday Aug 3**
  - **Transportation is available \$40**
    - To Camp Friday, July 27
    - From Camp Friday, Aug 3
- **Special Camp begins on Friday, Aug 3 to Friday August 10**
  - **Transportation is available \$40**
    - To camp Friday, Aug 3
    - From camp Friday, Aug 10
- **Bus departure time is 1:00 PM each Friday from the Centre for the Deaf, 2395 Bayview Ave**
- **Bus going to Camp from Barrie will be there at 2:00 PM**
- **Transportation home bus will be in Barrie at 11:00 am and BRCD at 12 noon**
- **The Barrie location for pick up and drop off will be the north bound On Route Gas Plaza north of Mapleview exit in Barrie. The actual address is 200 Fairview Rd, Barrie, ON**
- **Campers being dropped off at camp: Campers are to arrive between noon and 3pm**
- **We ask parents to drop their camper and leave so that their child can get settled into the program.**
- **Parental visits must be arranged and approved by the Camp Director, Derek Rumball.**
- **Note that the information you have provided regarding transportation will be strictly adhered to in an attempt to insure the safety of your child. Any changes to the above information must be made in writing a full day prior to your child's last day at camp and faxed to 416 447-7465 and or scanned and emailed to deafcamp@bobrumball.org. It must show a hand written signature of the parent, guardian or caregiver.**
- **If there is any dispute your child will remain at camp and it will be your responsibility to pick him/her up.**
- **An additional charge of \$80.00/day will be incurred by the parent.**

- Blackberry, iPhones, Cellphones are NOT allowed. It disrupts our program and on occasion ends up having a negative impact on the camper and the camp itself. We are asking parents to keep their children's devices at home.
- We will not be responsible whatsoever for the care and safety of personal electronic devices such as: game boys, PSP, blackberries or cell phones, iPods, iPads or any other personal items of value that should have been left at home.
- The camp does not provide internet access. There will be no means of Facetiming or Skyping with your camper, unless there is an emergency.
- Your camper will not need any money. The Tuck shop is included in your Camp fee.
- Subsidy requests must be made by May 1, 2018. Requests must be made in writing with justification of your need. Approvals of subsidies are at the discretion of the Camp Director. Subsidies of up to 50% of campers fees are offered.
- Unless otherwise stated, your camper's image and likeness may be used on social media. This includes Facebook, Instagram, YouTube and Twitter. Please make sure you sign and return the PICTURE TAKING CONSENT FORM

Every camper will undergo a Head lice and general health inspection prior to getting on the bus in Toronto or Barrie and upon arrival at the camp. It is the parent\caregiver responsibility to ensure that their camper is free of Head lice and in good physical health. **CAMPERS WITH HEADLICE WILL NOT BE PERMITTED TO ATTEND CAMP. TREATMENT IS AVAILABLE ON SITE FOR \$100 PER CHILD. THIS DOES NOT GUARANTEEE YOUR CHILD WILL BE PERMITTED TO GO TO CAMP. PLEASE TAKE CARE OF ANY HEADLICE SITUATIONS BEFORE YOU ARRIVE FOR THE BUS OR DRIVE TO CAMP**

**PARENTS\CAREGIVERS ARE RESPONSIBLE FOR CLOTHING AND BEDDING IS FREE OF BEDBUGS. BEDDING WILL BE INSPECTED UPON ARRIVAL AT CAMP. \$150 CLEANING CHARGE WILL BE APPLIED IF NECESSARY TO INDIVIDUALS**

Our Senior Camp Program is targeted towards our 13 to 17 year olds. It is highly recommended that if a Camper has the ambition of being staff at the camp when they are 16, they enroll in the Leadership in Training (LIT) Program that will run during the Senior Camp Session. This training program is ideal for campers who are 14 and 15. In order to stay on for Junior Camp as a staff person, one must complete the LIT Program. Please select this option on your application form.

Our Junior A program is targeted for our Grade 6, 7 8. Junior B program is Kindergarten to Grade 5.

All campers will have the opportunity to participate in activities that include typical camp activities from arts and crafts, swimming and canoeing to the more physically active and competitive activities such as water skiing, wake boarding and outdoor adventures. For more information please visit our website [bobrumball.org](http://bobrumball.org)

Our Special Needs Campers: Is for children and adults and it's a more relaxed "resort" type environment. Campers who require 1:1 workers and have special housing requests will be dealt with on a first come first serve basis. There are limited accommodations and everyone's request will be taken into consideration. Agency staff that are 1:1 are required to pay an additional \$175.

Incomplete applications do not secure your campers position at camp. Please see the check list.

Complete applications must be mailed or dropped off at we cannot accept email or faxes

**Mail or Drop off at Bob Rumball Camp of the Deaf**  
**2395 Bayview Avenue, Toronto, Ontario M2L 1A2**

# Camper Application 2018

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ SEX \_\_\_\_\_ DEAF

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ HEARING  HARD OF HEARING

POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

## PARENT GUARDIAN/AGENCY

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ PHONE \_\_\_\_\_

RES# \_\_\_\_\_ BUS# \_\_\_\_\_ OTHER \_\_\_\_\_

## PARENT/GUARDIAN IF DIFFERENT      EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

RELATION TO CAMPER \_\_\_\_\_

IF PARENTS ARE SEPARATED OR DIVORCED, ARE THERE ANY SPECIAL VISITATION ARRANGEMENTS? \_\_\_\_\_

**SESSION REQUESTED** SENIOR July 6-July 18  JUNIOR A July 20 –July 27   
JUNIOR B July 27-Aug 3  SPECIAL Aug 3 – Aug 10  Leadership In Training

## TRANSPORTATION

Please indicate clearly in the appropriate box below

### TO CAMP

I will drive my camper to camp

**OR**

My camper will travel on the camp bus  
From BRCD  **OR** BARRIE

### FROM CAMP

(Name of person) will pick up my camper from camp

**OR**

My camper will travel on the camp bus to be dropped  
off at BRCD  **OR** BARRIE

\*Note that the information you have provided regarding transportation will be strictly adhered to in an attempt to insure the safety of your child. Any changes to the above information must be made in writing prior to your child's last day at camp. If there is any dispute, your child will remain at camp and it will be your responsibility to pick him/her up

**Please return**

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 **Bob Rumball Camp of the Deaf & Motocamp**”. (THE CAMP), the Township and Municipality of Seguin and S.M.A.R.T. Inc. 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 that camp activities are 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 Bob Rumball Camp of the Deaf, The Ontario Mission of the Deaf, the Township and Municipality of Seguin, S.M.A.R.T Inc., 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.

**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.**

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

Campers Name: \_\_\_\_\_ (print)

Parent Guardian Name: \_\_\_\_\_ (print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address if different: \_\_\_\_\_

## PICTURE TAKING CONSENT

The Bob Rumball Camp of the Deaf use pictures and/or videos for newsletters, volunteer appreciation, family members, and social media purposes.

This requires prior consent.

I \_\_\_\_\_ **GIVE CONSENT**  
give the Bob Rumball Camp of the Deaf permission to take

CAMPERS NAME: \_\_\_\_\_

Picture and or image for use of the above mentioned uses.

PARENT\GUARDIAN NAME: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ **DO NOT GIVE CONSENT**

give the Bob Rumball Camp of the Deaf permission to take

CAMPERS NAME: \_\_\_\_\_

Picture and or image for use of the above mentioned uses.

PARENT\GUARDIAN NAME: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP FOR YOUR INFORMATION**

**2018 Summer Camp Dates**

| <b>Session</b>  | <b>Age</b>  | <b>Date</b>                           | <b>Registration Fee<br/>Non Refundable</b> | <b>Session Fee</b> | <b>Transportation</b> |
|-----------------|---|---------------------------------------|--|--------------------|-----------------------|
| <b>Senior</b>   | <b>13-17</b>                                      | <b>Friday July 6 to July 18</b>       | <b>\$50</b>                                | <b>\$460</b>       | <b>\$40</b>           |
| <b>Junior A</b> | <b>10-13</b>                                      | <b>Friday July 20- Friday July 27</b> | <b>\$50</b>                                | <b>\$300</b>       | <b>\$40</b>           |
| <b>Junior B</b> | <b>5-10</b>                                       | <b>Friday July 27- Friday Aug 3</b>   | <b>\$50</b>                                | <b>\$300</b>       | <b>\$40</b>           |
| <b>Special</b>  | <b>Youth/Adults<br/>Supported<br/>Independent</b> | <b>Friday Aug 3 to Aug 10</b>         | <b>\$50</b>                                | <b>\$360</b>       | <b>\$40</b>           |

**\*Bob Rumball Camp of the Deaf does not arrange for 1:1 workers for your Special Needs Camper. If your camper requires a one to one staff, it is your responsibility to arrange for, screen and hire that staff person. That staff is required to fill out an OCD staff application. The additional one to one worker fee of \$175 payable to the Camp covers room and board for the duration of your camper's stay. If you are paying your 1:1 worker a fee, it is your responsibility to do so.**

**TRANSPORTATION:**

On the first day of each session the bus will depart from the Centre for the Deaf at 2395 Bayview Avenue in Toronto at **1:00pm**. The bus will arrive in **Barrie** at the north bound On Route Gas plaza accessible directly off of the north bound 400 or from south bound 400 Essa exit to Fairview Road.  
(for those individuals who have requested this pick up on their applications.)

On the last day of each session the bus will drop children off in Barrie at the same location On Route Gas plaza parking lot on the Fairview Road side at **11:00am**. The bus will then proceed to the Bob Rumball Centre for the Deaf in Toronto and drop off the remaining children at **12:00 pm**.

Those wishing to provide their own transportation to and from camp may drop off their children on the first day of their camp session between **2:00 pm -6:00 pm** and pick them up from camp between **9:00am-10:00 am** on their final day of camp. The parents or guardians for children who are not picked up at the appropriate times will incur an \$80 late charge.

**It is essential that parents/guardians indicate their transportation plans clearly on the application as the information provided will be strictly adhered to. If a change to the initial information provided is necessary, it must be made in writing prior to the camper's final day at camp. Transportation changes can be made to [deafcamp@bobrumball.org](mailto:deafcamp@bobrumball.org). *Verbal arrangements will not be accepted.***



## CONDITIONS OF ENROLMENT

1. The Camp Director reserves the right to dismiss any camper who he deems to pose a potential risk to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated to the camp in writing and a photocopy of the section of the court order referring to visitation rights will also be submitted. This information will be kept confidential.
3. Every precaution is taken to insure the safety and good health of our campers, but in the event of illness or accident, the Bob Rumball Camp of the Deaf, including the camp directors, and their staff, and the employees of facilities outside camp grounds are hereby released from liability. Each camper must be covered by Provincial Health or equivalent medical insurance.
4. In the event that a camper requires any special medications, X-rays, or treatment beyond that which the camp provides, the parent/guardians will be notified immediately. Parents/guardians will also be informed of any additional charges for this special care.
5. I have signed and returned the Picture Taken Consent Form
6. We cannot guarantee a total peanut and/or nut free environment. Campers with those allergies will be safe guarded accordingly.
7. Parents who drop campers at camp are asked to leave to enable their child to settle into the program. We have experienced parents who do not leave and are very disruptive to program and to the other children.
8. Overdue payments from previous summers may impact your child's enrollment.
9. Your child\camper will be free of head lice.
10. Non prescribed medication must not be placed in campers belongings.
11. Non prescribed medication and all prescriptions must be presented at registration day at the bus or camp and to camp staff upon arrival

**Please return to the Bob Rumball Camp of the Deaf,  
CAMPER REGISTRATION,  
2395 Bayview Avenue, North York,  
Ontario M2L 1A2**

### **Please include:**

- a complete camper application with complete transportation information,
- complete medical information, signed and dated release form
- signed and dated assumption of risk and responsibility release
- cheques for \$50 registration fee and postdated cheque, dated June 1, 2018 for the balance of the camper total camper fees
- a clear photocopy of the campers health card

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.  
DO NOT FAX OR EMAIL.**

**Request for camper subsidies must be submitted  
in writing before May 1, 2018**

Camp Medical

Name: \_\_\_\_\_ Health Card#: \_\_\_\_\_

Session SR \_\_\_ Jr A \_\_\_ Jr B \_\_\_ Special \_\_\_ Deaf \_\_\_ Hard of Hearing \_\_\_ Hearing \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you use an Epi-Pen? Yes \_\_\_ No \_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Do you have any Restricted Activities: \_\_\_\_\_

Do you have or have you ever had:

- |  |                              |                          |
|--|------------------------------|--------------------------|
| ___ Heart Defect/ Disease                | ___ ADD/ ADHD                | ___ Hay Fever            |
| ___ Stomach/ Bowel Problems              | ___ Visual Problems          | ___ Operations           |
| ___ Constipation                         | ___ Ear Infections/ Earaches | ___ Seizures/ Epilepsy   |
| ___ Bed-Wetting/ Incontinence            | ___ Phobias                  | ___ Hypertension         |
| ___ Sleep-walking/trouble falling asleep | ___ Migraines / Headaches    | ___ Hepatitis            |
| ___ Asthma                               | ___ Diabetes                 | ___ AIDS or HIV Positive |
| ___ Bleeding/ Clotting Disorders         | ___ Emotional Problems       | ___ Skin problems        |

Other Medical Problems and how to address them (response to seizures, etc.): \_\_\_\_\_

\_\_\_\_\_

Any Treatments to continue at camp:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medication:**

**Please return**

| Name of Medication | Reasons for taking it | When is it given  | Dose(mg/ml) | How Many | How is it given |
|--------------------|-----------------------|---|-------------|----------|-----------------|
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |
|                    |                       | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ |             |          |                 |

\*If more space is needed, write extra meds on a separate paper. Please bring medication in a properly labeled container.

**Release Form: Parent/Guardian please sign your name. If over 18, please sign yourself if able.**

Name \_\_\_\_\_ gives permission to The Ontario Camp of the Deaf to seek medical treatment for \_\_\_\_\_ as deemed necessary by the camp medical staff. I also assume responsibility for any expense in the event of illness or accident.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR OHIP CARD TO THIS FORM – Thank you.**