



**Rural Frontenac  
Community Services**

# SUMMER CAMP

For ages 6-12

## REGISTRATION BOOKLET

### 2025

CAMPERS'S NAME: \_\_\_\_\_

**Camp Schedule**  
**Camp runs from 9:00 am—4:00 pm**

**Mondays: Sharbot Lake Medical Centre (Basement Room)**

**Tuesdays and Wednesdays: St. James Major Church Hall (14608 Hwy 38 Sharbot Lake ON)**

**July 2025**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 <b>Canada Day</b>	2 <b>No Camp this week</b>	3	4	5
6	7 <b>Week 1:</b> <b>Animal Planet</b>	8	9	10	11	12
13	14 <b>Week 2:</b> <b>Spirit Week</b>	15	16	17	18	19 Plevna Summerfest
20	21 <b>Week 3:</b> <b>Wacky Wild Science</b>	22	23	24	25	26
27	28 <b>Week 4:</b> <b>Camp Olympics</b>	29	30	31		

**August 2025**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 <b>Civic Holiday</b>	5 <b>No Camp this week</b>	6	7	8	9
10	11 <b>Week 5:</b> <b>Craft Factory</b>	12	13	14	15	16 <b>Parham Fair</b>
17	18 <b>WEEK 6:</b> <b>Survivor Week</b>	19	20	21	22	23
24	25 <b>Week 7:</b> <b>Race Across Canada</b>	26	27	28	29	30

**Special Events:**

**July 1:** Join us at the Sharbot Lake Beach for Canada Day fun and games!

**July 19:** Join us at Clar-Mill Hall in Plevna for Summerfest! Food, vendors, games and more!

**August 16:** Come see us at the Parham Fair. This small agricultural fair is great for all ages!

## PART A: CAMPER INFORMATION

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper resides with \_\_\_\_\_ Youths Gender \_\_\_\_\_

## PART B: FAMILY/GUARDIAN INFORMATION

Home Phone \_\_\_\_\_ \*Email \_\_\_\_\_

Parent 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred method of contact:    **call** cell phone    **text** cell phone    **call** home phone    email

\*By providing your email address you are giving consent to communicate with you by email.

## PART C: EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

## PART D: FEES & REGISTRATION

COST PER DAY: \$20.00 **All fee's are to be prepaid**

Camp will be run on Mondays at **Sharbot Lake Medical Centre** (basement room) and  
Tuesdays and Wednesdays at **St. James Major Church Hall** (14608 Hwy 38 Sharbot Lake ON)

	Monday	Tuesday	Wednesday	Amount Due	Payment
Week 1: Animal Planet	<input type="checkbox"/> July 7	<input type="checkbox"/> July 8	<input type="checkbox"/> July 9		
Week 2: Spirit Week	<input type="checkbox"/> July 14	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16		
Week 3: Wacky Wild Science	<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23		
Week 4: Campy Olympics	<input type="checkbox"/> July 28	<input type="checkbox"/> July 29	<input type="checkbox"/> July 30		
Week 5: Craft Factory	<input type="checkbox"/> August 11	<input type="checkbox"/> August 12	<input type="checkbox"/> August 13		
Week 6: Survivor Week	<input type="checkbox"/> August 18	<input type="checkbox"/> August 19	<input type="checkbox"/> August 20		
Week 7: Race Across Canada	<input type="checkbox"/> August 25	<input type="checkbox"/> August 26	<input type="checkbox"/> August 27		
Total:					

\*Spaces in Summer Camp are limited and filled on a first come basis. Parents/Guardians are required to **pay in full** for all dates booked. If your child does not attend on a booked day you will be required to pay for that date as well. If you require subsidy please contact our staff by phone at 613-279-3151 ext 305 or email youth@rfcs.ca\*

Parent/Guardian Initials \_\_\_\_\_

**PART E: MEDICAL CONDITIONS, AND SPECIAL REQUIREMENTS**

**MEDICAL**

Does your child have any special needs, medical conditions, allergies or take medication?  YES  NO

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**SPECIAL REQUIREMENTS** Does your child have any special needs or do they require extra support that the camp staff need to be aware of?  Yes  No

for example: running away, aggressive behaviour, anxieties, difficulties in social situations or other.

Please describe

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I give permission for Rural Frontenac Community Services to contact \_\_\_\_\_ in order to gain information that may be needed for my child to be successful in camp.

Parent/Guardian Signature: \_\_\_\_\_

**PART G: CODE OF BEHAVIOUR**

We hope to make our programs safe and enjoyable for everyone. We ask that you first read the following and review with your child.

**Program Rules:**

- ◆ Listen to staff and do what they ask.
- ◆ Will not hurt others with my words or actions.
- ◆ Keep my hands and feet to myself.
- ◆ If I am mad, I will talk to the person or get staff to help if I need it.
- ◆ NO leaving camp

The staff at Rural Frontenac Community Services follow agency policies and procedures in dealing with children’s behavior, we strive to be inclusive and problem solve even the most challenging situation. However, if a sufficient level of aggression occurs or a child does not follow the rules staff may call the parent/guardian to come and pick the child up immediately and that participant may be suspended for the next session.

Parents Signature: \_\_\_\_\_

Camper’s Signature: \_\_\_\_\_

## PART F: PHOTO PERMISSION

### PHOTO PERMISSION

**Please check ONE of the following statements:**

I hereby **GIVE** my permission to have my child's picture taken and used by RFCS in all forms of media for the purpose of advertising, display, audiovisual, exhibition or editorial use.

**OR**

I give permission to have photographs taken of my child, **ONLY** for program purposes. For example; special crafts or games.

**OR**

I do **NOT** give permission to have photographs taken of my child, for any use.

\*I understand that there will be no financial compensation for the use of my child's photograph by the summer program of RFCS.

## PART G: RECEIPT FOR PAYMENT

I would like to receive a receipt at the end of the summer for income tax purposes.

First Name

Last Name

Address

City

Postal Code

**RFCS SUMMER CAMP LIABILITY WAIVER  
AGREEMENT TO WAIVE LIABILITY AND ASSUME RISK**

**CAMPER NAME:** \_\_\_\_\_ (“the Camper”)

**AGREEMENT TO PARTICIPATE**

To ensure that the Camper and their parents/guardians understand and accept the risks of participation in the RFCS Summer Camp, the Camper and their parent guardian must both indicate their understanding and agreement by signing on the appropriate lines below.

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

The Undersigned affirm that the Camper’s participation in the RFCS Summer Camp is **entirely voluntary**, and understand that participation in the RFCS Summer Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game, contact with the floor, walls, ground, goal posts, playground structure or equipment which are part of the playing or swimming area; strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems; sun burns, drowning, near-drowning, hypothermia or hyperthermia. The specific risks vary from (1) minor injuries such as scratches, cuts, bruises, sprains, and sun burns to (2) major injuries such as eye injury or loss of sight, joint or back injuries, breaks, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. The Undersigned understand that if the Undersigned have questions about possible hazards, it is their responsibility to seek additional information from the RFCS Summer Camp staff prior to signing this form. The Undersigned also understand that, despite safety precautions, neither the RFCS Summer Camp nor Rural Frontenac Community Services can guarantee that the Camper will not be injured. The Undersigned acknowledge, freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury to the Camper, death to the Camper, property damage, and loss resulting therefrom.

**WAIVER AND RELEASE**

In consideration of RFCS, its directors, officers, employees, agents, and assigns (“the RELEASEES”) agreeing to the Camper’s participation in RFCS Summer Camp, the Undersigned hereby agree as follows:

**TO WAIVE ANY AND ALL CLAIMS** that the Camper or his parents/guardians, heirs, executors, or administrators have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability due to any cause whatsoever, including negligence, arising from the Camper’s participating in the RFCS Summer Camp.

The Undersigned understand that by signing this Release Agreement, they are waiving their right (including the Camper’s right) to any and all claims, actions, demands, expenses, attorney’s fees, breach of contract actions, breach of statutory duty actions, or other duty of care actions, warranty claims, strict liability actions, and any other causes of action that may arise from the Camper’s participation in the RFCS Summer Camp, including travel to the RFCS Summer Camp.

In entering into this Release Agreement the Undersigned are not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in the RFCS Summer Camp, other than what is set forth in this Release Agreement.

The Undersigned have read the entire Release Agreement above, and agree to be bound by its terms.

**By signing below, the Undersigned acknowledge that they have read, understand and agree to the terms outlined:**

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_