



## Medical Information

Family Doctor: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

### Current Medication: (if needed at the Ranch)

\*Does your child have any conditions (mental, physical or behavioral), that require medication to be dispensed at camp? Yes  No

Please attach detailed note if 'Yes'.

\*Due to the structure of our program, and for the benefit of your child, Circle Square Ranch requests that medication required throughout the year be sent with your child to camp.

\*ALL medication brought to camp MUST be kept by Ranch staff, including vitamins, puffers and Tylenol. Medications must be labeled with the name of medication and directions for use. Prescription medication MUST be in the original container with user's name printed on label.

### One on one staff support: (fee to be determined by need of child)

Does your child have any conditions (mental, physical or behavioral), which requires one on one staff support? Yes  No

Please attach detailed note if 'Yes'.

**Meal restrictions:** Is your child on a medically prescribed meal plan or dietary restriction? Yes  No

Please attach detailed note if 'Yes'.

**Allergies:** Please list any allergies your child may have, (food or drug) \_\_\_\_\_

### Over the Counter Medications – During Camp:

Circle Square Ranch keeps a supply of the following medications for occasional use by campers. Ranch staff will dispense them if your child indicates they need them.

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to be given the following by the Ranch staff if required. (please indicate with a check mark)

Appropriate Cold Formula \_\_\_\_\_  
Ibuprophen \_\_\_\_\_

Acetaminophen (Tylenol) \_\_\_\_\_  
Antidiarrheal Formula \_\_\_\_\_

Appropriate Allergy Formula \_\_\_\_\_  
Dimenhydrinate (Gravol) \_\_\_\_\_

### Immunizations:

Are immunizations up to date including tetanus booster? Yes  No

\*If immunizations are not up to date, please plan to have them made current before camp.

### Authorization for treatment

\*I hereby authorize the Ranch personnel to handle any medical problems with my child during his/her stay at the Ranch.

\* In the event that a rancher requires special medication, x-ray, or treatment beyond that which is possible at the Ranch every reasonable attempt will be made as soon as possible to notify the parent(s) and the parent will be responsible for any expense for additional care or transportation.

\* In case of surgical emergency, I hereby give my permission for, and order injection, anesthesia, or surgery for my child named on this application.

\*I will inform the Ranch medical staff if my child has had a communicable disease within the three weeks prior to his/her stay at the Ranch. The Ranch has my permission to contact my family doctor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent / guardian

We respect your privacy and never sell, trade rent, or otherwise share personal information. All personal information received by Circle Square Ranch is handled with strict confidentiality for the purpose of enrolling your child in camp and follow-up, and is being collected inclusive under the Crossroads Family of Ministries. Please notify us at 519-754-0171 if you desire otherwise and we will accommodate your request.

### Ranch Information

**Fees do not include** transportation to and from the Ranch or tuck shop purchases. We **do not** provide weekend accommodations for 2 week campers or LIT's. Ranchers must be picked up after the Rodeo of their first week, and return at the appropriate registration time for their second week.

**Financial assistance** is available for those who qualify. Contact the Ranch office for information and a sponsorship application. The deadline for sponsorship applications is June 1, 2008.

**Cancellation Policy** In the event of a cancellation, a \$50.00 processing fee is non-refundable. There will be no refund for a cancellation made less than 30 days prior to the first day of camp, unless the cancellation is accompanied by a doctor's note. Circle Square Ranch reserves the right to dismiss any rancher for behavioral problems or contagious conditions, at the discretion of the Ranch Director. No refund will be made for dismissal due to disciplinary action, contagious conditions, late arrival or early departure, including homesickness. In the case of withdrawal from camp on a physician's order, a gift certificate will be provided for the equivalent of the unused portion of the camp term.

**Confirmation** will be sent to the address indicated on the application upon receiving your completed registration and payment.

**Health and Safety** are emphasized at all times at Circle Square Ranch. We have a qualified medical person on staff, and a hospital 15 minutes from the Ranch. All ranchers must have a valid health card number. Out of province campers must have medical insurance.

### CONDITIONS OF ENROLLMENT – please read carefully and sign

\*The Ranch Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the Ranch.

\*The parents or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated in writing to the Ranch, including a photocopy of the section of any court order referring to visitation rights.

\*While every precaution shall be taken to ensure the good welfare and protection of the camper, Circle Square Ranch, its Directors, staff members, employees, or facilities outside the Ranch ground, are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant rancher.

\*I give permission for Circle Square Ranch to use any photograph or video footage my child is in for promotional materials.

\*The parents/guardians hereby agree to reimburse the Ranch for any damage caused by the applicant camper.

\*I have read all sides of this application form, understood the above Rancher information, and I hereby accept the conditions of enrollment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\* This application is not valid unless signed by a Parent or Guardian \*

**Please answer all questions completely using an additional sheet of paper.  
This area must be complete to process the application.**

Describe your leadership experiences. (This could include church, camp, school, work, or volunteer positions)  
How and when did you become a Christian and what does it mean in your daily life?  
Why do you want to be an LIT?

### Frequently Asked Questions About Our Leadership in Training (LIT) Program

**Do LITs become staff once they are finished the course?**

Lit assessment week info

Completing the LIT course does not guarantee a staff position, however passing the LIT course is a good first step to becoming staff. Once the LIT is finished the course they may apply to become a staff member if they are 15 or older. They will be evaluated as potential staff on the same merits as other staff members.

**What is a typical day like?**

The LITs spend about two hours a day in a classroom learning practical Bible truths and camping theory. The rest of the day is divided between recreational activities, an "hour of service", and rotating through the different camp programs as an aid to the staff members. LITs often participate in evening activity with the campers and are always involved in campfire.

**How much time will be spent riding?**

The LITs will spend one week involved in the horsemanship area with one hour of horse science and one hour of riding instruction daily. The LITs will be taught according to their skill and will be given opportunity to earn riding levels.

**What about the weekends?**

There are no weekend accommodations for LITs. They need to be picked up on Saturday by 12:30 pm, and can be returned on Sunday between 4:00p.m. – 5:00p.m. If you live over 175 kilometers away please call the Ranch office to make special arrangements. The LITs will only participate in the rodeo on July 19, 2008. The Rodeo begins at 10:30, and parents are invited to attend.

**When will I know if I am accepted into the program?**

Once we have received your completed LIT application, and two references letters we will consider your application. If you are accepted into the program we will let you know promptly.

**How many LITs take the course at once?**

A maximum of fifteen LITs will be enrolled.

**Who will teach the LIT course?**

Leadership staff work under the supervision of the director to provide a quality LIT program. The LITs have senior counselors with them in their sleeping accommodations.

**When do I find out if I have passed the course?**

On the last Saturday of the course we will present our passing LITs with a certificate during the Rodeo.

**Do LITs have a dress code?**

We want our LITs to set an example for our ranchers. Part of this example is in dress code. We respectfully request that there be no short shorts, spaghetti string tank tops, inappropriate slogans or undergarments or mid-drifts showing. We reserve the right to enforce

Every summer Circle Square Ranch Children's Fund sends underprivileged children to camp. Would you consider donating to the Children's Fund and help make a fun week at camp a possibility for a child who otherwise would be unable to afford camp? If you'd like to make a donation, just add the amount you'd like to give in the payment section on the other side of the application. Donations can only be made with a full payment. Any donations over \$10.00 will be issued a tax receipt for a charitable donation.

Fee ..... \$650.00  
Taxes (5% GST, 3% PST).....\$ 52.00  
Total Enclosed .....

**PAYMENT OPTIONS**

**YOU MUST SEND PAYMENT AND COMPLETED APPLICATION TO PROCESS**

1. Full payment by Visa or MasterCard (no deposits with credit card, full payment only please).
2. If paying by cheque, full payment, or a deposit of \$200.00 for each one week session and balance of fees by *enclosed* post dated cheque, dated no later than June 1, 2008.
3. After June 1, 2008 full payment to be made by credit card or money order.

Visa/Master Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Name of Cardholder: \_\_\_\_\_

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

**OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_

**Method of Payment**

Cash \_\_\_\_\_ Cheque \_\_\_\_\_

CreditCard \_\_\_\_\_ BO \_\_\_\_\_

Video: \_\_\_\_\_

PDC: \_\_\_\_\_

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