



2026 APPLICATION

Camp Cherith - Ontario



Camper's Name: (First or preferred)	(Last)	Phone: ()	Gender assigned at birth:
Mailing Address:		City:	Prov: Postal Code:
Date of Birth: (month) (day) (year)	Age as of Dec. 2026		Grade in Sept. 2026
I learned about Cherith from:		This will be my _____ year at Cherith	
Cabin Mate Preference (must be close to same grade or age):		Home Church:	

Parent/Guardian Contact Information:			Alternate Contact: (if parents are unavailable)		
Name:			Name:		
Street:			Street:		
City:	Prov:	Postal Code:	City:	Prov:	Postal Code:
Day Phone: ()	Cell Phone: ()		Day Phone: ()	Cell Phone: ()	
E-mail:			Relationship:		

Week 1 Girls' Camps	July 5 - July 11, 2026	Adventure	ages 7 - 16	\$699.00
		Equestrian	ages 10 - 16	\$829.00
	July 5 - July 8, 2026	Mini 3 Day	ages 6 - 9	\$349.00
Week 2 Coed Camps	July 12 - July 18, 2026	Adventure	ages 7 - 16	\$699.00
		Equestrian	ages 10 - 16	\$829.00
Week 3 Coed Camps	July 19 - July 25, 2026	Adventure	ages 7 - 16	\$699.00
		Equestrian	ages 10 - 16	\$829.00
	July 19 - July 22, 2026	Mini 3 Day	ages 6 - 9	\$349.00
Week 4 Coed Camps	July 26 - Aug. 1, 2026	Adventure	ages 7 - 16	\$699.00
		Equestrian	ages 10 - 16	\$829.00
		Jr. Leadership	ages 12 - 14	\$699.00
Week 5 Coed Camps	Aug. 2 - Aug. 9, 2026	Adventure	ages 7 - 16	\$699.00
		Equestrian	ages 10 - 16	\$829.00
	Aug. 2 - Aug. 5, 2026	Mini 3 Day	ages 6 - 9	\$349.00
Week 6 Coed Camps	Aug. 9 - Aug. 15, 2026	Adventure	ages 7 - 16	\$699.00
		Equestrian	ages 10 - 16	\$829.00
Week 7 Coed Camps	Aug. 16 - Aug. 19, 2026	Mini 3 Day	ages 6 - 9	\$349.00
CILT Leadership	July 5 - July 18, 2026	CILT 2	(completed CILT 1)	\$1,359.00
	Aug. 2 - Aug. 22, 2026	CILT 1	Grade 10 +	\$1,799.00
				Subtotal
				Less Discounts
Day Camp	Aug. 24 - Aug. 28	(hours 9-5 no before or after care provided and campers bring own lunch and snacks.)		\$199.00
Multiple Weeks Weekend Fee:				\$79.00
Riding Lessons:	Weeks 1 - 6		ages 8 +	\$169.00
Fees do not include HST				Add 13%
				TOTAL FEES PAYABLE

*NOTES TO PROGRAMS:

1. Equestrian Camps - space is limited to 10 campers per session - *do not register for regular riding lessons*
2. CILT Program - an application will be sent once this application is received
3. **Discounts:** *Early Bird:* register by February 28 will receive a free t-shirt
Family: 3 or more children from same household \$60.00 each (CILT excluded)

PAYMENT OPTIONS:

1. One cheque(s) covering full amount, payable immediately, with this application **OR**
2. A deposit of \$100.00 per week payable immediately. Balance of fee by post dated cheque(s) dated no later than June 1 st
Please enclose both deposit and post dated cheque(s) with this application OR
3. Charge the *full amount* payable to your Visa, Mastercard or American Express
Applications received after June 1st must be accompanied by a credit card payment or money order for the full amount
(A \$100.00 administration fee is non refundable after April 1st)

Please charge the whole amount to my:



Card # _____

Expiry Date: _____ SVC #: _____

Signature: _____

Total Fees enclosed:

\$ _____ OR \$ _____ deposit

plus post dated cheque(s) enclosed

dated prior to June 1 for \$ _____

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Date Rec'd _____ Division _____

Notes _____

Ch. # _____ PDCh # _____

Am. _____ Am. _____

Da. _____ Da. _____

PLEASE COMPLETE THIS MEDICAL INFORMATION (if there are any changes prior to camp, please ensure the camp office is notified before camp begins)

CAMPER'S LAST NAME: _____ **FIRST NAME:** _____

Camp Cherith is located on a rugged site with most of the activities take place outdoors. Does your child have any physical or developmental condition that might limit participation in any activities? Yes ☐ No ☐

Is the camper under the care of a physician for **any on going** physical, emotional or developmental conditions?..... Yes ☐ No ☐

Is the camper on a medically prescribed meal plan or dietary restrictions? Yes ☐ No ☐

Does the camper have food allergies or limitations? Yes ☐ No ☐

Has the camper experienced any type of physical, mental or emotional abuse, trauma or stress?..... Yes ☐ No ☐

If Yes to any of the above questions, you must contact the camp office at 705-734-2122. All information will be kept confidential.

Please list all prescriptions, puffers, inhalers, epipens and over the counter or herbal medications that the camper is currently on or might need and indicate which ones will be brought to camp. Please attach a separate page if needed.

Medication Name	Dosage	When Taken	Condition	Check if will take at camp
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL HEALTH HISTORY (Check the applicable box ☒)

Are all vaccinations up to date? (Please check) Yes ☐ No ☐ Never immunized ☐

Can over the counter medications be administered if necessary? (i.e. Tylenol or Advil for headache) Yes ☐ No ☐

List any Allergies; include insect bites, plants, medications, others and specify type and severity of reaction _____

Please describe any recent medical history, surgery or illness: _____

Weight _____ Height _____ ☐ Females- menstruation has begun

Name of family doctor: _____ Phone: _____

Health Card Number: _____ **N.B. Photocopy of Health Card must accompany child to camp!**

Conditions of Enrollment

1. You have my permission for my child/ward to attend camp and to participate in activities. I give permission for photos or videos of my child to be used for camp promotional purposes. If remaining at camp for a weekend, my child/ward is permitted to leave the site only for staffed group events.
2. While every precaution shall be taken to ensure the good welfare and protection of the camper, Camp Cherith-Ontario, it's Directors, staff members, employees or facilities outside the Camp grounds are hereby released from any and all liability in the event of any accident or misfortune that may occur to the camper.
3. ALL medication brought to camp MUST be kept by the health care personnel, including vitamins, herbal and all over the counter medications. They must be labeled with name of medication and directions for use. Prescription medication must be in original container with user's name printed on label.
4. I hereby authorize the camp personnel to handle any medical problem with my child during his/her stay at camp. In the case of emergency, after every reasonable effort is made to contact the parent/guardian, permission is hereby given to the physician selected by the camp to provide proper treatment. This may include being off the site overnight. The parent or guardian is responsible for any additional expense that may result from such service.
5. The parent or guardian hereby agrees to reimburse the Camp for any property damage caused by the camper.
6. The parent/guardian gives permission for the camp health care personnel to contact the family doctor for additional information as necessary.
7. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety or rights of others or who appears to have rejected the reasonable expectations of the Camp
8. There will be no reduction or refund of camp fees for campers arriving late, leaving early, or who are expelled due to disciplinary action.
9. The parents/guardian submitting this application are those having legal custody over the child and are legally responsible for the payment of fees and any other expense incurred by the child.
10. I understand that my child will participate in the full camp program which may involve being off the camp property for short periods of time, unless I advise the Camp otherwise in writing at the time of application.
11. I give camp permission to contact me via email and to send periodic camp related emails.
12. I have read the Camp Cherith brochure and application form, have provided true and accurate information, and am in full agreement with the conditions of enrollment.

I hereby certify that I have read the brochure, and website and accept all the above conditions. Application can not be accepted without signature.

_____ Date _____ Signature (Parent or Legal guardian) _____ Name of Parent/Guardian(please print) _____

REGISTRATION PROCESS

Please fill in both sides of the form completely and send with fees or deposit to:

Camp Cherith - Ontario, Box 542, Barrie, ON L4M 4T7, (705) 733-2267, Email:cherithregistrar@bellnet.ca, Website: www.campcherith.ca

Please make cheques payable to Camp Cherith - Ontario N.S.F. cheques will be charged \$35.00

Upon receiving your application an information package and receipt will be sent to you.

If you have not received your package within 4 weeks please contact the camp office.

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Checked in by: _____ Date: _____ Checked out by: _____ Date: _____