



CPF-NS Membership Number: \_\_\_\_\_  
(Administrative Use Only)

## *Francoforum, St Pierre et Miquelon 2017 Application Form\*\**

\_\_\_\_\_ University Student (July 3-7, 2017) 5 days/4 nights \$1000 + \$150 hst = \$1,150

### **PARTICIPANT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Official Name on Passport \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

School attended in 2016/2017 \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Sizes: Adult: S \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Membership **MUST** be up to date. A CPF membership application form is attached, however you can also register online at [cpf.ca/en/membership/](http://cpf.ca/en/membership/) **Membership must be in the name of the parent(s)/guardian(s)/family member(s).**

Camp Fee: \_\_\_\_\_ please make cheque to CPF Nova Scotia

\_\_\_\_\_ \* \$20 reduction for multiple registrations in same household, deduct one per household

HST 15% \_\_\_\_\_ HST reg. # 106865 199 RT

Total: \$ \_\_\_\_\_

\*If registering another person in the same household, please specify person's name \_\_\_\_\_

*Please mail, email or fax completed forms to:* CPF Nova Scotia Camps  
8 Flamingo Drive, Halifax, NS B3M 4N8 Fax: 902-455-2789  
[cpfprograms@ns.sympatico.ca](mailto:cpfprograms@ns.sympatico.ca)

### **PAYMENT MUST ACCOMPANY APPLICATION, HEALTH FORM & CONSENT FORM.**

*CHEQUES SHOULD BE MAILED WITH FORMS. CREDIT CARD INFORMATION MAY BE PROVIDED ON MEMBERSHIP FORM (PAGE 2). PAYMENT BY DEBIT IS AVAILABLE AT THE BRANCH OFFICE.*

**\*\*In order for all campers to have a safe and positive experience, CPF Nova Scotia reserves the right to refuse acceptance to any applicant based on the standards outlined in this application (Page 4). All camps are held contingent upon sufficient registration.**



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## Membership Application Form

New Membership       Renewal: Membership # \_\_\_\_\_

### MEMBERSHIP INFORMATION    *Up to two adults per family membership*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

School(s): \_\_\_\_\_

NS School Board:  AVRSB  CBVRSB  CCRSB  CSAP  HRSB  SRSB  SSRSB  TCRSB  Other

Local CPF Chapter \_\_\_\_\_ Other: \_\_\_\_\_

### MEMBERSHIP FEES

#### ***BEST VALUE!***

**3 year - \$60.00**    \$ \_\_\_\_\_

**1 year - \$25.00**    \$ \_\_\_\_\_

**Total (No GST)**    \$ \_\_\_\_\_

***65% of your membership fee supports  
the activities of your local CPF Chapter,***

***Donation\****

***\$ \_\_\_\_\_                      25% supports CPF's  
work at the Branch***

***level and 10% goes to CPF National.***

### **\*DONATION**

Donation is for CPF-Nova Scotia

Donation is for CPF National

Your gift in support of CPF is welcomed and appreciated. All donations are important to us. However, due to cost, we will issue tax receipts in January of the following year only to donors who have made donations of more than \$10, unless a receipt for a lesser amount is specifically requested.

***THANK YOU FOR YOUR SUPPORT!*** (CPF Charitable Reg. No. 11883 5131 RR0001)



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## HEALTH FORM

***\*This form must be completed in full - Please PRINT clearly – One form per person***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Birth date Month \_\_\_\_ / day \_\_\_\_ / year \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Camper's MSI/Provincial Health Insurance. # \_\_\_\_\_

***Out of province campers only*** must attach a photocopy of Provincial Health Insurance Card

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Emergency Contact 1 \_\_\_\_\_

Address \_\_\_\_\_

Phone daytime \_\_\_\_\_ Phone night \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_

Address \_\_\_\_\_

Phone daytime \_\_\_\_\_ Phone night \_\_\_\_\_ Cell phone \_\_\_\_\_

### **Are you subject to any of the following?**

Asthma  Respiratory ailments  Eyesight Problems (other than glasses)  Allergies  Diabetes  Bed Wetting

Convulsions  Sensitive Skin  Headaches  Sleepwalking  Nightmares  Ear infections  Hearing impairment

Other: \_\_\_\_\_

Explain any of the above: \_\_\_\_\_

### **Are you subject to allergic reactions to food, insect stings, etc? Please complete the following**

Allergies \_\_\_\_\_ Life-threatening?

YES  NO

YES  NO

Do you have any special instructions for staff regarding your health care and/or diet? NO  YES

If yes, please explain \_\_\_\_\_

Are you subject to a chronic condition or recent illness that counselors should be aware of?

\_\_\_\_\_

Are there any medications that you require and will need to administered? NO  YES  If yes, please specify

\_\_\_\_\_

***\*\*\*Please note, if you are treated by a physician for an illness or injury while at camp or within one month previous of attending camp, a Certificate of Health must be completed and signed by a physician before commencing camp activities.***

I hereby authorize a CPF representative to secure medical advice and services as may be deemed necessary for my health and safety during activities. I agree to accept financial responsibility in excess of benefits allowed by my provincial/private health plan or the CPF insurance plan.

**\*Signature of Participant:** \_\_\_\_\_ **Signed:** \_\_\_\_\_, 2017



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## Participation Consent Form

In consideration of the sponsorship and organization of this camp program; I, the undersigned, waive and release **Canadian Parents for French**, its employees, representatives, agents and officials from all claims, demands, actions, damages, costs and liability of any kind; for any injury, death, loss or damage to any and all persons and/or property, however caused, whether as a result of a negligent act(s) or otherwise, which occurs during, in connection with, or as a result of the camper's participation in the camp program. I am aware that Canadian Parents for French assumes no responsibility or liability for any injury or loss.

### **Please read and check each box.**

- I am aware that Canadian Parents for French summer camps may include outdoor activities, swimming, hiking, boating, sports activities, art activities, games etc. and these activities all have inherent risks that can result in serious bodily injuries and/or death.
- I am aware that all camps are conducted in French. Orientation on the first day will provide information and rules outlined in English, after which **camp is conducted entirely in French**. Students will receive up to 3 warnings, if they cannot comply with this rule, they will be asked to leave camp. If a camper is asked to leave camp, the parents is responsible for all associated costs of travel.
- Canadian Parents for French does not tolerate bullying, inappropriate/disrespectful behaviour or physical confrontation. Campers must treat each other with respect. Campers must listen to camp staff and to follow their instructions. If a camper cannot comply with this rule, they will be asked to leave camp.
- If you have a physical behavioral or mental condition that requires supervision or medication, we must be contacted prior to acceptance of application. Canadian Parents for French will try to accommodate all persons if possible, but does not have the trained staff required to meet specialized needs.**
- I understand that **no refunds will be given after camp has started**. Refunds for medical reasons will be processed only **on receipt of an original signed doctor's letter**.
- I understand that there is a **\$25 non-refundable administration fee** included in the camp fee(s) and that the \$25 membership fee is non-refundable.
- I understand that Canadian Parents for French is not responsible for stolen, lost or damaged personal articles.
- I agree to accept financial responsibility for any property damage caused at camp.
- I authorize camp personnel to inspect my belongings if necessary. The possession of illegal substances/objects, cigarettes, alcohol, etc are not allowed at camp. If anyone is found in possession of these items, they will be asked to leave immediately.
- I understand that phone calls disrupt scheduled activities and **will only be contacted in case of an emergency**. Contact information for each camp is available. All camps are equipped with landline phones
- I grant permission to Canadian Parents for French to take and use photos and/or video to promote the organization and its programs. The materials and copyright will remain the sole property of Canadian Parents for French and I waive any claim to remuneration for their use.