

2010 REGISTRATION FORM

200-20 Bamburgh Circle, Scarborough, ON M1W 3Y5
Tel: [416] 495.6960 Fax: [416] 495.1300
Email: info@muskokawoods.com

[Office Use Only]

GUEST INFORMATION:

PLEASE PRINT

Guest Name: _____ Gender: M F
[Last] [Given Name - commonly used]

Street Address: _____ Home Phone: _____

City: _____ Email: _____

Prov/State: _____ Birthdate: _____
[Month/Day/Year]

Postal/ZIP code: _____ School: _____

Age Group [As of Dec. 31, 2010]:

7-9 yrs 10-11 yrs 12-13 yrs 14-17 yrs

Has this registrant previously been a summer guest at Muskoka Woods? Yes No

Guest's primary language:

English French Spanish Other [Please Specify]: _____

How did you hear about Muskoka Woods?

[Please Specify]: _____

PARENT INFORMATION:

Parent/Guardian 1: _____ Parent/Guardian 2: _____
[The above named parent(s)/guardian(s) have exclusive access to this guest's information.]

Home Phone: _____ Home Phone: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Summer Phone: _____ Summer Phone: _____

Current Email: _____ Current Email: _____

Guest Resides Primarily with: Both Parents Parent1 Parent2 Other [Specify]: _____

Confirmation email to: Both Parents Parent1 Parent2 Neither Parent

Billing Address: _____
[If different from child's address.]

Billing Address for: Both Parents Parent1 Parent2

Emergency Information - while at Muskoka Woods, if Parent 1 or 2 cannot be contacted

Emergency Contact: _____ Emergency Phone: _____

Any other(s) authorized to take your child off property: _____

CABINMATE REQUEST:

Muskoka Woods can guarantee only one [1] cabinmate request and only under these conditions:

- You and your cabinmate are registering in the same AGE GROUP [AGE AS OF DEC. 31, 2010]
- You and your cabinmate have requested one another.
- Request must be received at least 2 weeks prior to guest arrival.

CABINMATE REQUEST:

[Name]

SCHEDULE CHANGES:

I authorize my child to make schedule changes that result in a dollar change [+ or -] up to:

Unlimited \$250 [before tax] \$120 [before tax] \$60 [before tax] \$0

PAYMENT:

All applications must be accompanied by a deposit of \$250.00 with the balance of fees postdated to **April 15, 2010**. All payments must be made in Canadian funds. HST will apply on all fees paid on or after May 1, 2010.

Please indicate the amount & method of payment enclosed:

DEPOSIT of \$250 per week \$ _____ Cheque Cash Visa* MasterCard*

BALANCE Postdated **APRIL 15, 2010** \$ _____ Cheque Cash Visa* MasterCard*

SPENDING MONEY (suggest \$40 per week) \$ _____ Cheque Cash Visa* MasterCard*

CREDIT CARD INFORMATION:

Name on Card: _____ Cardholder's Signature: _____

Card Number: _____ Expiry Date: _____

Please note: All future charges will be billed directly to this credit card [i.e. Additional Services, Schedule Changes, Prescriptions] unless otherwise notified.
Please contact us if you would like to make other arrangements.



2010 PROGRAM & WEEK SELECTION

GUEST'S NAME: _____

Due to the high number of guests registering for the summer, your daily sports schedule will be designed based on your registration form and without reference to your cabinmate's or friend's schedule.

1. WEEK SELECTION

Circle the week[s] you wish to attend:

WK.1	Jul. 03 Jul. 10	WK.2	Jul. 10 Jul. 17	WK.3	Jul. 17 Jul. 24	WK.4	Jul. 24 Jul. 31	WK.5	Jul. 31 Aug. 07	WK.6	Aug. 07 Aug. 14	WK.7	Aug. 14 Aug. 21	WK.8	Aug. 21 Aug. 28	WK.9	Aug. 28 Sep. 03
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2. PROGRAM SELECTION

Indicate your desired program[s]:

WEEK[S]	PROGRAM	AM/PM	ACTIVITY SELECTION [UP TO 6 DEPENDING ON PROGRAM]	
			1:	4:
			2:	5:
			3:	6:
			1:	4:
			2:	5:
			3:	6:
			1:	4:
			2:	5:
			3:	6:

ALTERNATE ACTIVITIES

Indicate your desired program/activities if any of the above selections are not available:

1.	2.	3.
4.	5.	6.

3. ADDITIONAL INFORMATION

IF YOU ARE DOING SPLIT WATERSKIING OR SPLIT WAKEBOARDING, PLEASE INDICATE YOUR SKILL LEVEL:

BEGINNER

INTERMEDIATE

ADVANCED

IF YOU ARE DOING SPLIT B3 OR ALL DAY B3, PLEASE CHOOSE AN AREA OF FOCUS:

SKATEBOARDING

INLINE SKATING

BMX

OPTIONAL PAINTBALL ADD-ON [PERIODS 4-6] CHOOSE ONE:

MONDAY PM

WEDNESDAY PM

TUESDAY PM

THURSDAY PM

T-SHIRT SIZE [CHOOSE ONE]:

Adult T-Shirt Size S

M

L

XL

Youth T-Shirt Size S

M

L

XL

4. ADDITIONAL SERVICES

DO YOU NEED ADDITIONAL PAINTBALLS FOR SPLIT PAINTBALL? 2000 BALLS PER WEEK ARE INCLUDED WITH REGISTRATION.

NONE

2000 [\$100]

500 [\$25]

2500 [\$125]

1000 [\$50]

3000 [\$150]

1500 [\$75]

4000 [\$200]

TRANSPORTATION:

COACH SERVICE:

TO RESORT: WEEK _____

FROM RESORT: WEEK _____

ROUNDTRIP: WEEK _____

AIRPORT SERVICE:

TO RESORT: WEEK _____

FROM RESORT: WEEK _____

ROUNDTRIP: WEEK _____

LAUNDRY [AVAILABLE TO GUESTS STAYING FOR TWO OR MORE CONSECUTIVE WEEKS] YES PLEASE, WEEKS: _____

2010 HEALTH & MEDICAL FORM

Each guest MUST have a Health Form filled out and signed each year by a parent or guardian. Information from previous years is NOT carried forward. Your physician is not required to complete your child's health form.

GUEST NAME: _____
(Last) (First)

GENDER: M F

CONTACT NAME: _____

PROVINCE/STATE: _____

RELATIONSHIP: _____

POSTAL CODE: _____

MAILING ADDRESS: _____

CONTACT PHONE: _____

CITY: _____

BIRTHDATE: _____ AGE: _____
(Month/Day/Year) (As of Dec.31, 2010)

PLEASE PROVIDE A PHOTOCOPY OF THE FOLLOWING INSURANCE DOCUMENTS:

ONTARIO HEALTH CARD #: _____

VERSION CODE: _____ EXP. DATE _____
(1-2 Letters, if applicable) YYYY/MM/DD

OR

OTHER INSURANCE PROVIDER & POLICY #: _____

IMPORTANT INFORMATION - PLEASE READ AND SIGN *[SIGNATURE REQUIRED FOR PARTICIPATION IN ANY MUSKOKA WOODS ACTIVITY]

Consent to Treatment, Waiver, Release and Conditions of Enrollment

Health Coverage: Each guest, including non-residents must provide evidence of coverage under Ontario Health Insurance or equivalent. Non-residents will be billed for the costs of hospital out-patient visits [emergency room, X-rays, etc.]. If for any reason my child receives special medication or services beyond that furnished by Muskoka Woods Health Care Centre, I agree to pay for or seek reimbursement from my own insurance company for all such expenses. **Medical Treatment:** I hereby give permission to the physician and nurses selected by Muskoka Woods Directors to assess and give medical treatment, including prescriptions, when necessary to my son/daughter. In the event that a guest requires special medication, transportation, X-ray or treatment beyond that which is possible at the resort, the parents will be charged with the additional expense. In case of surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above and will be responsible for any additional expense that may result from such services. **Liability:** While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Muskoka Woods. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that Muskoka Woods does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Muskoka Woods does not accept responsibility or liability and I hereby release Muskoka Woods for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, Directors, Officers and Staff Volunteers of Muskoka Woods, Gwitmoc Foundation, Muskoka Woods Foundation, Lawrason Bay Foundation and the employees of facilities outside the resort grounds [the "Releasees"] from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Muskoka Woods including any programs or otherwise, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the ["Releasees"]. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release. **Jurisdiction:** I understand that any and all actions arising out of this agreement or the use of Muskoka Woods will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada. **Dismissal and Behaviour:** The Director reserves the right to dismiss a guest without a refund who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort. I certify that I have no knowledge of any physical or mental impairment that would be affected by the named guests participation in the Muskoka Woods program. I also give permission to the Directors of Muskoka Woods to search my child's belongings for items prohibited by camp, if suspected. I agree to reimburse Muskoka Woods for any intentional damage or defacement of camp property caused by my child. **Custody:** The parents/guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Muskoka Woods, including a photocopy of the section of any court order referring to visitation rights. **Lost Items:** Muskoka Woods is not responsible for personal items that are lost, stolen or damaged. **Promotional Photos:** I grant permission to Muskoka Woods and to any third party authorized by Muskoka Woods to use photos, videos, or any other recording or reproduction of my child in any medium for use in promotional materials and/or as otherwise seen fit by Muskoka Woods.

I have read this application and the 2010 Registration Guide thoroughly and I accept the conditions of enrollment and cancellation policies of Muskoka Woods.

Name of Parent/Guardian [PLEASE PRINT]

* Parent/Guardian Signature

Date

Parents/Guardians will be contacted if your child experiences any serious illness or major injury. However, our medical staff are unable to call about every child that makes a visit to the Health Care Centre. If you wish to be informed of prescribed medication deemed necessary, please indicate here.

It is our policy at Muskoka Woods that ALL medication be brought to the Health Care Centre upon arrival. Medications must be in the original prescription container.

Will your child be bringing any medications? 1. **Inhaler/Bronchodilator** Yes No 2. **Epipen** Yes No 3. **Other [Please Specify]:**

2010 HEALTH & MEDICAL FORM CONT'D

GUEST'S NAME: _____

PLEASE CHECK ALL IMMUNIZATIONS THAT ARE UP TO DATE:

- DPT - Diphtheria/Tetanus Polio MMR - Measles/Mumps/Rubella HBV - Hepatitis B

PLEASE CHECK THE FOLLOWING THAT YOUR CHILD HAS EXPERIENCED OR IS EXPERIENCING:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Homesick Tendency | <input type="checkbox"/> Operation[s] - Recent |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Ear Infections - Frequent | <input type="checkbox"/> Lactose Intolerance | <input type="checkbox"/> Serious Injury - Recent |
| <input type="checkbox"/> A.D.D. | <input type="checkbox"/> Fainting | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Headaches - Frequent | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Urinary Tract Infection - Recent | <input type="checkbox"/> Eating Disorder |

Please give details of above and/or other medical concerns: _____

PLEASE INDICATE ALL ALLERGIES. GIVE DETAILS AND TREATMENT, IF APPLICABLE:

FOOD ALLERGIES: _____

OTHER ALLERGIES: _____

[The above information will only be accessed by our medical staff]

PLEASE LIST ANY ADDITIONAL INFORMATION [INCLUDING INFORMATION LISTED ABOVE] THAT YOU WOULD LIKE YOUR CHILD'S COUNSELLOR TO BE AWARE OF:

[I.E. ALLERGIES, EXTREME SHYNESS, DIFFICULT HOME SITUATION, LIMITATION IN SPORTS, ETC...] _____

NOTE: It is the responsibility of the PARENT/GUARDIAN to notify Muskoka Woods, IN WRITING, if any new medical conditions arise prior to your child[ren] attending camp [i.e. exposure to a communicable disease since completing this health form].

2010 WEEK & PROGRAM OPTIONS

PROGRAMS	AGE RANGE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9
WILD	07-09 yrs.	•	•	•	•	•	•	•	•	
Kitchen Sink	10-11 yrs.	•	•	•	•	•	•	•	•	
Rage	12-17 yrs.	•	•	•	•	•	•	•	•	
Circuit 6	10-17 yrs.	•	•	•	•	•	•	•	•	•
Fanatic	10-17 yrs.	•	•	•	•	•	•	•	•	•
Split B3 [AM/PM]	10-17 yrs.	•	•	•	•	•	•	•	•	•
Split BAM [PM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
Split Eco-Kids [AM/PM]	10-13 yrs.							•		
Split Fine Art [AM/PM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
Split Golf [PM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
Split Horseback Riding [AM]	12-17 yrs.	•	•	•	•	•	•	•	•	
Split Hollywood North [AM]	12-17 yrs.							•	•	
Split Fashion Design [AM/PM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
Split Freeride [AM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
Split Paintball [AM/PM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
Split Wakeboarding [AM/PM]	10-17 yrs.	•	•	•	•	•	•	•	•	•
Split Waterskiing [AM/PM]	10-17 yrs.	•	•	•	•	•	•	•	•	•
Split Wake X [AM/PM]	10-17 yrs.	•	•	•	•	•	•	•	•	•
Split Wellness [AM/PM]	12-17 yrs.	•	•	•	•	•	•	•	•	•
B3 [All Day]	10-17 yrs.	•	•	•	•	•	•	•	•	•
Dirt Camp	10-17 yrs.	•		•	•					
Golf Academy	12-17 yrs.	•			•					
Wake X	10-17 yrs.	•	•	•	•	•	•	•	•	•

2010 PRICES



	WEEKS 1-5	WEEK 6 - CLASSIC		WEEKS 1-5	WEEK 6 - CLASSIC
FANATIC BASKETBALL	\$1079.00	\$1049.00	SPLIT HORSEBACK RIDING [WEEKS 1-8 ONLY]	\$1299.00	\$1269.00
FANATIC BOARDSAILING	\$1079.00	\$1049.00	SPLIT PAINTBALL	\$1199.00	\$1169.00
FANATIC DANCE	\$1079.00	\$1049.00	SPLIT WAKEBOARDING	\$1699.00	\$1699.00
FANATIC GYMNASTICS [WEEKS 1-8 ONLY]	\$1079.00	\$1049.00	SPLIT WATERSKIING	\$1699.00	\$1699.00
FANATIC CHEERLEADING	\$1079.00	\$1049.00	SPLIT WAKE X	\$1699.00	\$1699.00
FANATIC ROPES COURSE	\$1079.00	\$1049.00	SPLIT WELLNESS	\$1199.00	\$1169.00
FANATIC SAILING	\$1079.00	\$1049.00			
FANATIC TENNIS	\$1079.00	\$1049.00	B3 ALL DAY	\$1149.00	\$1149.00
FANATIC TRAMPOLINE	\$1079.00	\$1049.00	DIRT CAMP [WEEKS 1, 3 & 4 ONLY]	\$1699.00	
FANATIC BODY MOTION	\$1079.00	\$1049.00	GOLF ACADEMY [WEEKS 1 & 4 ONLY]	\$1699.00	\$1699.00
FANATIC CULINARY	\$1199.00	\$1169.00	WAKE X ALL DAY	\$1699.00	\$1699.00
FANATIC KIDS ON THE WATER	\$1199.00	\$1169.00	KITCHEN SINK [WEEKS 1-8 ONLY]	\$1079.00	\$1049.00
SPLIT B3	\$1149.00	\$1149.00	WILD [WEEKS 1-8 ONLY]	\$929.00	\$899.00
SPLIT BAM	\$1199.00	\$1169.00	CIRCUIT 6	\$1049.00	\$1029.00
SPLIT ECO-KIDS [WEEK 7 ONLY]		\$1169.00	RAGE [WEEKS 1-8 ONLY]	\$1079.00	\$1049.00
SPLIT FASHION DESIGN	\$1199.00	\$1169.00	CEO	[SESSION 1] \$4250.00	[SESSION 2] \$4250.00
SPLIT FINE ART	\$1199.00	\$1169.00			
SPLIT FREERIDE	\$1199.00	\$1169.00	ADD-ON PAINTBALL	\$59.00	\$59.00
SPLIT GOLF	\$1199.00	\$1169.00	FANATIC PLUS	\$100.00	\$100.00
SPLIT HOLLYWOOD NORTH [WEEKS 7 & 8 ONLY]		\$1169.00	DOUBLE SPLIT	\$200.00	\$200.00
TOTAL					
			BEFORE MAY 1, 2010	ADD 3% PST	
			AS OF MAY 1, 2010		
			ADD 5% GST		
			ADD 13% HST		
SUBTOTAL (HST WILL APPLY ON ALL FEES PAID ON OR AFTER MAY 1, 2010)					
			TAX PRIOR TO MAY 1, 2010	TAX AS OF MAY 1, 2010	
ADDITIONAL SERVICES					
COACH SERVICE	ONE WAY	\$ 85 + GST = \$89.25		\$ 85 + HST = \$96.05	
	RETURN	\$170 + GST = \$178.50		\$170 + HST = \$192.10	
AIRPORT SERVICE	ONE WAY	\$175 + GST = \$183.75		\$175 + HST = \$197.75	
	RETURN	\$350 + GST = \$367.50		\$350 + HST = \$395.50	
LAUNDRY		\$32.50 + GST = \$ 34.13		\$32.50 + HST = \$ 36.73	
SUGGESTED SPENDING MONEY: \$40.00 per week		TOTAL		TOTAL	
			LESS DEPOSIT OF \$250.00 PER WEEK		
			BALANCE POSTDATED APRIL 15, 2010		