

# Stillwood Camp 2017 BEYOND BOUNDARIES AGREEMENT

Name:

Agreement is hereby understood between Stillwood Camp and Conference Centre and the above named person in accordance with the following terms:

1. The undersigned understands and accepts that the Beyond Boundaries Program is designed to integrate high-functioning children with various development disabilities into our regular camp programming. Certain adaptations can and will be made in order to help each child within this program to succeed.
2. The undersigned understands and accepts that the Director of the Beyond Boundaries Program holds a diploma in Community Support Services, but any other staff working with campers are not required to have any specialized training or certification pertaining specifically to working with children with developmental disabilities.
3. Stillwood reserves the right to refuse admittance into the Beyond Boundaries Program if we feel that we cannot adequately support the child. If this occurs, you will receive a complete refund.
4. Stillwood reserves the right to send a camper home if they pose a safety risk to themselves, staff, other campers or our facilities.
5. Beyond Boundaries Program staff commit to communicating to the undersigned, either by phone or email, any verbal or written warnings that the camper receives.
6. In order for Beyond Boundaries Program Director to best prepare the program for the camper, the undersigned commits to returning the Beyond Boundaries Questionnaire **within two weeks** of having received it. If the two weeks has passed, the camper will forfeit his/her spot in the camp and it will be offered to the first applicant on the wait list. If the paperwork (including this agreement) is not returned by the Friday, three weeks before the start of the camp you are registering for, we will not be able to accept your child into this program. You will receive a refund less a \$70 (+ applicable taxes) administrative fee.
7. If it is deemed that your child requires one-on-one care to be part of this program, there is the option of sending a Care Aid. A separate Care Aid fee is required. The undersigned understands that Stillwood cannot provide one-on-one care.

By signing your name and checking the box below, you are agreeing to the terms and conditions outlined above.

I understand and agree to the terms and conditions indicated above.

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

Parent/Guardian Name Printed: \_\_\_\_\_

Date Signed: \_\_\_\_\_