



Summer Camp Registration Form

Camper Information:

Camper's Full Name: _____

Gender: Male Female Other

Date of Birth: ___/___/___

Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Home) _____ (Cell) _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Home) _____ (Cell) _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Information:

9. Medical Conditions/Allergies:

(Please specify any allergies, medications, medical condition or sensitivities)



Primary Physician: _____

Physician's Phone Number: _____

Anything else we should know about your child:

Camp Sessions:

12. Camp Session(s) Selected:

Session 1: July 2 to July 5

Session 2: July 8 to July 12

Session 3: July 15 to July 19

Session 4: July 22 to July 26

Session 5: July 29 to Aug 2

Session 6: Aug 5 to Aug 9

Session 7: Aug 12 to Aug 16

Session 8: Aug 19 to Aug 23

Emergency Consent

In the event of an emergency, I give permission for the camp staff to seek medical attention for my child.

Signature:

I, the undersigned, acknowledge that the information provided is accurate.

Parent/Guardian's Signature: _____ Date: ____/____/____