

Camper Information Form



Return completed form to the Camp Director before the first day of camp. Keep copies of this form if returning to multiple camps within the same season.

Camper Name: _____ Age: _____ Gender: _____ Birth Date: _____

Parent/Guardian Information

1. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Email Address: _____

Email address is mandatory as this will be the primary method of communication.

2. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Email Address: _____

Email address is mandatory as this will be the primary method of communication.

Emergency Contacts

1. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

2. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

3. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Pick-up Information: Check response Picked-up from site EDC/Busing Independent Sign-Out (10 years+)

EDC Location: _____ Bus Name: _____ Bus Stop #: _____ Drop-off time: _____ Pick-up time: _____

Adults (other than parent/guardian) permitted to pick-up from camp site, EDC or bus stop

Note: Campers 7 years and under must be picked up by an adult. Photo ID will be requested at each pick-up.

1. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

2. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

3. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

4. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

5. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

6. Name: _____ Relationship to Camper: _____

Main Phone #: _____ Cell Phone #: _____ Other Phone #: _____

Camper Information Form (continued)

Medical History

Please check the following.

Medical Conditions: Yes No

If 'Yes', explain:

Dietary Restrictions: Yes No

If 'Yes', explain:

Special Needs (physical, social, medical): Yes No

If 'Yes', explain:

Allergies: Yes No

If yes, is this allergy considered to be life threatening?

Yes no

If yes, please provide a picture of your child, 2 epi-pens, and the completed **Anaphylaxis Emergency Plan**.

Any additional information you would like to provide to help make your child's day camp experience the most successful and rewarding:

Parent/Guardian Authorization

Swim Permission (7 years+ only) Campers under 7 years will not participate in recreational swimming.

Initials _____

To participate in the recreational swimming periods that are a component of the City of Vaughan day camp(s) in which he/she is registered. I understand that swimming may take place off-site and give permission to the City of Vaughan, Recreation Services to bus my child to a community centre. I hereby release the City of Vaughan from all claims for damage arising from participation of the named herein, during any program or in any facility or at any location where a program is held.

YES, I hereby give my child permission

NO, I hereby do not give my child permission

Independent Sign-out Consent (10 years+ only)

Initials _____

Children 10 years of age or older may sign themselves in and out of camp programs, as long as the City of Vaughan has written consent from an authorized parent/guardian. The child cannot sign themselves out until the official program end time.

YES, I hereby give my child, who is 10 years of age or older, permission

NO, I hereby do not give my child permission

Freezie Permission

Initials _____

To take part in freezie day(s) at camp if they are offered.

YES, I hereby give my child permission

NO, I hereby do not give my child permission

Photo Release

Initials _____

To publish photographs of myself/my child taken during City of Vaughan programs. The images may be published or used, in any manner, including advertising, printed materials, website postings and promotional materials.

YES, I hereby grant the City of Vaughan irrevocable permission

NO, I hereby do not grant the City of Vaughan irrevocable permission

Permission is hereby granted to Recreation Services or its representative to transport my child(ren) to a local doctor or hospital for medical treatment if necessary. I agree to release, discharge, to indemnify and save harmless the City of Vaughan from and against all claims or proceedings in respect of any costs, losses, damage, or injury. By registering in a program I agree to medical attention and accept inherent risks associated with the program.

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 201, S.O. 2001 c.25, as amended. This information will be used by the City of Vaughan and will become a part of Recreation Services files, where applicable. Questions regarding this collection may be directed to the Director of Recreation Services, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, 905.832.8500.

Signature: _____

Date: _____