

# 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: \_\_\_\_\_ Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

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

**Note: Campers 9 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 you have checked 'Yes'** to any of the above medical history questions, the Camp Director may contact you requesting further documentation.

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:** \_\_\_\_\_