

CAMPER INFORMATION FORM

Child's First and Last Name _____ Date of Birth: _____ Age: _____

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MEDICAL/ALLERGY/IMPORTANT INFORMATION

If your child requires medication to be delivered during camp please speak with staff to complete a medical consent form.

EMERGENCY CONTACT INFORMATION

Please list who we should contact if we need to relay any information during the day (usually parents/guardians).

	Name	Emergency Contact Information	Relation to Child
1		Home: _____ Cell: _____	
2		Home: _____ Cell: _____	

PROGRAM DEPARTURE

Please indicate who will be responsible for picking up your camper at the end of the day. ID will be required at pickup. If your child will be leaving camp on their own, add their name here too.

Name	Relation to the Child	Phone Number

PARK PERMISSION

Some camps travel to parks/playgrounds within walking distance from the camp location. Please sign below to indicate that you understand and give permission to leave camp with the group.

SUNSCREEN APPLICATION

We recommend and encourage sunscreen application before your child comes to camp. During the day, we are happy to help your child apply sunscreen unless advised otherwise. Please provide a labeled bottle of sunscreen for your child.

Signature: _____

Date: _____

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the Authority of the Municipal Act 2001, and in accordance with the provision of MFIPPA. Personal information on this form will be used for the sole purpose of assisting our staff in maintaining a safe and secure program provided by "Celtic Academy Canada" Ontario.

I hereby release "Celtic Academy Canada" and Mary Foley from all claims for damages arising from accident or injury which is caused by or arises from participation of the student named hereon during any facility and or location where the program is operating.