

# CAMPER INFORMATION

## Contact Information:

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current grade in school: \_\_\_\_\_ Swim Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Is there a custody arrangement we should be aware of?  Yes  No (If yes, please supply the YMCA with a copy of court documentation)

Alternative Contact If Parent/Guardian cannot be reached and authorized for pick up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Additional authorized pick ups: \_\_\_\_\_

## Camps:

Week	Date	Name of Camp Attending	Drop Off Location	Bus from YMCA (if applicable)	Extended Care at the YMCA	
					AM	PM
1	July 5 - 9					
2	July 12 - 16					
3	July 19 - 23					
4	July 26 - 30					
5	August 3 - 6*					
6	August 9 - 13					
7	August 16 - 20					
8	August 23 - 27					
9	August 30 - Sept 3					

\*YMCA Day Camps will not be offered on the August 2, 2010 due to the Civic Holiday.

Is your camper toilet trained?  Yes  No

Has your child had any recent operations, illness, injuries or communicable disease? (Please list) \_\_\_\_\_

Has your child had a tetanus injection in the last 5 years?  Yes  No

Does your child have any dietary restrictions? (Please list) \_\_\_\_\_

## Allergies:

penicillin  hay fever  foods: \_\_\_\_\_  peanuts (nuts)  bee sting (insect bites)  other: \_\_\_\_\_

If allergies are noted, please list type of reaction: \_\_\_\_\_

Does your child require an Epi-Pen?  Yes  No Severity of reaction  mild  moderate  severe

## Medical Information:

Does your child have any medical conditions? (Please list) \_\_\_\_\_

Is your child currently on any medication?  Yes  No \*If your child is bringing medication to camp, please notify the YMCA.

If yes, please list: 1) \_\_\_\_\_ Purpose \_\_\_\_\_

2) \_\_\_\_\_ Purpose \_\_\_\_\_

## Program Support:

Has your child been diagnosed with special needs or behavioural considerations?  Yes  No Does your child receive support at school?  Yes  No

If yes, please describe: \_\_\_\_\_

In order to meet the individual needs of your child, please list anything we should be aware of: \_\_\_\_\_