



CAMPER INFORMATION-2011

(Please complete these forms as thoroughly as possible and return them to the camp office as soon as possible. You can print off as many forms as you need to fill out one per camper, or you can fill it out online.),

Administrative Office: 8707 Dufferin St. Unit 1, Thornhill, On. L4J 0A2 www.1camp.com
P: 905-882-1679 F: 905-248-3340 E: info@1camp.com

Section 1: Camper Information

Camper's Photo

Camper's Full Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone (____) _____ Sex _____

Date of Birth _____ Age _____

Last Grade Completed (as of June, 2010) _____ School _____

Swim level _____ Swim School _____

Section 2: Parent's Information

Father:

Last name: _____

First name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Mother:

Last name: _____

First name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Is this a single parent home? Yes [] No []

If yes, custodial rights: Mother [] Father [] Joint [] Foster care []

Family status: Married [] Separated [] Divorced []

Does one custodial parent have visiting rights? Yes [] No []

Is there a court order regarding custody and/or visitation rights? Yes [] No []

(if yes, a copy must be included with application)

Section 3: Emergency Contact Information

Ensure that the contact named will be available during the camping session and is someone other than either parent listed above.

Name: _____ Relationship to Camper: _____

Home Phone: _____ Business Phone: _____

Section 4: General Information

Please tell us, how did you hear about Camp Eden?

Is there anyone your child would like to be grouped with?

1 _____ 3 _____
2 _____ 4 _____

Are there any activities to be restricted?

Are there any special physical or sensory facility needs that the Camp Eden directors should know to assure meaningful participation?

Please list all the names of parents/guardians/family members that will be picking up your child(ren) from camp other than yourself.

1 _____ 3 _____
2 _____ 4 _____

If your child(ren) is to be dismissed from camp of the camp bus without a parent or guardian, your written consent is required.

I give permission for: _____ to be self dismissed from camp/the camp bus at the end of the day.

Signature of parent/guardian: _____

Section 5: Medical and Health Information

(Please note: If your child has any severe allergies please contact the office to receive an additional allergy information form)

Does your child have any allergies? _____

Has your child had any operations or serious injuries? (include dates) _____

Does your child have any chronic or recurring illness or medical condition? _____

Does your child take any medication currently? (please send us with instructions)

Does your child have any dietary restrictions _____

Dentist/orthodontist _____ Phone _____
Name of family physician _____ Phone _____
OHIP# _____

For Non-Canadians only:

Do you carry family medical/insurance ___ Yes ___ No
If so, Indicate carrier-name of insurance company _____ Policy# _____
Carrier address _____
Subscriber _____

For Females:

Has camper menstruated? _____ if not, has she been told about it? _____ if so, is her menstrual history normal? _____
Special consideration _____

Conditions:

1. Camp Eden will not accept responsibility for any money lost or stolen. Similarly, Camp Eden will not be held responsible for any damage, loss or that of any campers personal belongings. Campers are encouraged not to bring valuables.
2. Although Camp Eden strives to maintain originally planned activities and schedules, each program is subject to change due to weather and/or other special circumstances.
3. Medication carried by campers will not be administered if contents and instructions are not properly labeled by a pharmacist or a physician.
4. It is the responsibility of the parent/guardian to inform Camp Eden if there are any changes in the child's medical condition after this form has been submitted.
5. If the camper has a presently life-threatening allergy or food sensitivity, we ask that the parent or guardian contact the office prior to completing and returning this form so that an allergy description form can be mailed to you. Please note that Camp Eden is a nut-aware environment, but cannot guarantee being free of peanuts or other foods that may cause allergic reactions.
6. Information collected on this form is for the use of the medical and programming decisions of Camp Eden. We will not share personal information with any other organization, except for medical professionals, without the prior consent of the parents/guardians. For questions about our privacy policy, please contact our privacy coordinator, Sharon Gluzberg.
7. Occasionally we give out our camp families' names and phone numbers as references for other potential camp families. Please indicate whether you give consent for contact information to be given out for these purposes only. We do not give out contact information to any commercial agencies.

Please Circle One:

You may pass on my name to potential Camp Eden families

Please do not pass on my name to anyone.

Personal Declaration

This personal and health history is correct so far as I know, and the person here in described has permission to engage in all camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I agree to be responsible for any expenses incurred by my child or by Camp Eden on behalf of my child. This completed form may be photocopied for trips out of camp. I consent to Camp Eden using any photos taken of my child in its yearbook and promotional materials. I would like to receive emails concerning Camp Eden events, and important updates.

Signature of camper's parent/guardian: _____ Date: _____

Name: _____
(if parents are separated, Camp Eden requires signatures from both legal guardians)

Signature of camper's parent/guardian: _____ Date: _____

Name: _____

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