



Summer Camp Camper Information Form 2024

Registration Update:
This form is for camper information purposes only.
To register for a week of camp this form along with the weekly registration forms must be submitted together.

Child' First and Last Name: _____
Birth Date (year/month/day): ____/____/____ Gender: ____
Child's Address: _____
Postal Code: _____ PO Box Number: _____

Child and Family Information

Primary Contact Name: _____ Relationship: _____
Primary Phone Number: _____ Secondary Phone Number : _____
Email Address: _____
Home Address: Same as Child _____
Custody: Primary Both Joint Guardian
Custody Papers are attached (if applicable) Yes No

Secondary Contact Name: _____ Relationship: _____
Primary Phone Number: _____ Secondary Phone Number : _____
Email Address: _____
Home Address: Same as Child _____

Emergency Contact Information (if primary or secondary contact cannot be reached)

Name _____ Phone Number: _____ Relationship: _____
Name _____ Phone Number: _____ Relationship: _____

Authorized Pick Up (in addition to the primary, secondary, and emergency contacts)

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Individual Child Information

Does your child have any medical need(s) that requires additional support (e.g. Diabetes)? Yes No
If yes, an individualized plan for children with medical needs must be developed between the parent and child care centre prior to the child's first day at camp.

Allergy Information

Does your child have a life-threatening allergy (e.g. anaphylactic to peanuts or bee stings)? Yes No

If yes, an individualized plan for an anaphylactic allergy must be developed between the parent and child care centre prior to the child's first day at camp. If yes, please complete the Anaphylactic Care Plan.

Does your child have any allergies that are non life-threatening (food or other substances)? Yes No

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements or special dietary requirements or restrictions?

Yes No

If yes, please provide relevant details:

Swimming Information

How well does your child swim? Non-swimmer Beginner Average Above Average

Last swimming level completed: _____

Physical Requirements

Does your child require any additional support with respect to physical activity? Yes No

If yes, please provide relevant details:

Does your child use the washroom independently? Yes No

If no, please provide relevant details:

Please indicate any additional information that is relevant to the care of your child (e.g. prone to cold, frequent shoulder dislocation, etc.):

Additional Information

I give permission for my child to go for walks within the community and off summer camp property.

Parent Initial: _____

Photo Release

I hereby grant permission to the Corporation of the Municipality of South Bruce, and its agencies, to publish, print, reproduce or exhibit my name and image [if applicable: and that of my underage child(ren)], in whole or in part, in print, electronic, or video format in publications and/or online content prepared by the Corporation of the Municipality of South Bruce and/or its agencies.

I waive the right to inspect or approve any photograph or video. I agree that I shall have no claim against the Corporation of the Municipality of South Bruce or against anyone accessing these materials whether online or in print. I understand that no remuneration will be paid to me [if applicable: or my child(ren)].

I understand and agree that these materials will become the property of the Corporation of the Municipality of South Bruce to edit, alter and publish in any medium in perpetuity.

I confirm that I am over 19 years of age. I confirm that I have read the release before signing and understand the contents and terms of the release.

Parent Initial: _____

Authorization for Non-Prescription Skin Products

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen Insect repellent Lip balm Hand sanitizers Lotions

It is the parent or contact person's responsibility to take the child to the hospital. If the situation does arise in which the Camp staff feels the child requires immediate attention and the program cannot reach the parent or contact person, the staff have the parent's permission to take him/her to the Hospital.

Swimming/Swimming Lessons

I, the Participant or Parent/Guardian, desire to take part in Swim Lessons and/or other aquatic programs conducted at the swimming pool(s). I am aware that engaging in these activities carries inherent risks, including the potential for physical harm, loss of life, or damage to property. I acknowledge and consent that I/my child have/has chosen to participate willingly, understanding the associated risks. I confirm that neither I nor my child have any known physical or medical conditions that would impede our ability to take part.

In exchange for the privilege of participating in the aforementioned activities, I hereby release and absolve the Municipality of South Bruce, along with all of their employees, volunteers, officers, and representatives ("Releasees"), from any and all claims concerning personal injury, death, or property damage that may arise due to or in connection with my/my child's involvement in these activities. This release of liability shall not apply in situations where such harm is the direct result of intentional misconduct or severe negligence on the part of the Releasees.

Parent Initial _____

Recreation Refund Policy

I have read the Recreation Refund Policy and agree to comply with the rules and regulations specified.

Parent Initial _____

Signature of Primary Contact: _____ Signature of Secondary Contact: _____

Collection of Personal Information

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623.

Office Use Only

Camper Name: _____

Does this camper require an Anaphylaxis Care Plan? Yes No If yes, has it been submitted? Yes No

Week	Camp Fees	Additional Fees	Friday Lunches	Total Weekly Fees
Week 1- July 2 nd -5 th Mildmay Magic Camp	\$160.00	N/A	____ \$3.00 Hot Dog ____ \$3.50 Hamburger Total: _____	
Week 2 - July 8 th -12 th Teeswater Amazing Animals	\$200.00	\$25.00 Trip Fee	____ \$2.50 Pizza Slice Total: _____	
Week 3-July 15 th -19 th Teeswater Swim Camp	\$200.00	Optional: <input type="checkbox"/> \$60.00 Swimming Lesson Fee	____ \$3.00 Hot Dog ____ \$3.50 Hamburger Total: _____	
Week 4- July 22 nd -26 th Mildmay Nature Camp	\$200.00	\$25.00 Trip Fee	____ \$2.50 Pizza Slice Total: _____	
Week 5 - July 29 th - August 2 nd Teeswater Young Leaders	\$200.00	N/A	____ \$3.00 Hot Dog ____ \$3.50 Hamburger Total: _____	
Week 6 - August 6 th -9 th Teeswater Snack Attack	\$160.00	\$20.00 Lunch Fee (Ingredients for Recipes)	____ \$2.50 Pizza Slice Total: _____	
Week 7 - August 12 th -16 th Mildmay Swim Camp	\$200.00	Optional: <input type="checkbox"/> \$60.00 Swimming Lesson Fee	____ \$3.00 Hot Dog ____ \$3.50 Hamburger Total: _____	
Week 8 - August 19 th -23 rd NII- STEM Camp Ages 7-9 8:30am-5:00pm	\$200.00	N/A	____ \$2.50 Pizza Slice Total: _____	
Week 8 - August 19 th - 23 rd Science Camp Ages 4-6	\$200.00	N/A	____ \$2.50 Pizza Slice Total: _____	

Waitlisted Weeks:

Date Received	Staff Initials	Amount Paid	Method
Remaining Balance	Date Paid	Amount Paid	Method