



# CAMP WEREDALE REGISTRATION 2024

## Part 1 Basic Registration Information to be filled out for ALL campers, ALL ages.

NAME OF CAMPER: \_\_\_\_\_ Age: \_\_\_\_\_ Male:

Female:

Other:

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ First language: \_\_\_\_\_

Day      Month      Year

### Please indicate which session(s)

- Session 1 - June 24 to July 4            Session 2 - July 8 to July 18
- Session 3 - July 22 to August 1            Session 4 - August 5 to August 15

### Parent(s):

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Guardian/Group Home (where applicable):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Social Worker (if applicable) Name: \_\_\_\_\_ Agency: \_\_\_\_\_

AM    EO    CLSC    S4.2

Telephone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension No: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



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## Part 2 Everyone fills out with the Camper's Input

NAME OF CAMPER: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Day Month Year

Male:

Female:

### CAMPER PROFILE:

Please circle your answers to the following:

Do you like sports?	Yes	No	A LITTLE
Do you like to be outdoors?	Yes	No	A LITTLE
Do you like bugs?	Yes	No	A LITTLE
Do you enjoy physical activities?	Yes	No	A LITTLE
Do you enjoy water activities?	Yes	No	A LITTLE
Do you like helping others?	Yes	No	A LITTLE
Do you enjoy being a part of a team?	Yes	No	A LITTLE
Are you a strong swimmer?	Yes	No	A LITTLE
Do you like water sports, canoeing, kayaking?	Yes	No	A LITTLE
Are you nervous in the water?	Yes	No	A LITTLE
Do you like performing, and putting on a show?	Yes	No	A LITTLE
Do you like music?	Yes	No	A LITTLE
Do you like dancing?	Yes	No	A LITTLE
Do you like painting?	Yes	No	A LITTLE

Please indicate some of your favorite activities, interests or anything we should know:

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## Part 3 Camper's Medical Record for ALL Campers

CAMPER'S NAME: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First and last name

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male:  Female:  Other: \_\_\_\_\_  
Day Month Year

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

RAMQ/OHIP card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

### MEDICAL HISTORY: Please circle to identify for each of the following:

Asthma	YES NO	Frequent Colds	YES NO	Heart Problems	YES NO
Ear Infections	YES NO	Bed Wetting	YES NO	Diabetes	YES NO
Epilepsy	YES NO	Eczema	YES NO	Sleep Walking	YES NO
Hay Fever	YES NO	Eating Disorder	YES NO		

### Date of most recent vaccinations:

DCT (tetanus): \_\_\_\_\_ Measles/Mumps/Rubella (MMR): \_\_\_\_\_

Does the camper have any allergies to (if YES, please specify)

A) Food? NO YES: \_\_\_\_\_

B) Medications? NO YES: \_\_\_\_\_

C) Other? NO YES: \_\_\_\_\_

Regular Medication (if yes, name of drug, dose and frequency): **Please indicate if the medication is taken before, with or after meals. Please print out in a clear and concise manner.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This child is in good health, and able to participate in all camp activities: YES  NO

If NO, please specify limitations or conditions: \_\_\_\_\_

\_\_\_\_\_

Does this child require special equipment? (glasses, hearing aids etc.): \_\_\_\_\_

Permission authorized for over the counter medicines (circle) YES NO

Print Name of Person who completed the above information \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

***If your child is a bed wetter, please send a supply of Goodnights'/Pull Ups.***

**Please ensure that sufficient medication is sent to cover the full duration that the camper is at camp. Dosage and frequency should be clearly indicated on the medication bottle(s).**

**EVERY CAMPER MUST HAVE A MEDICARE/OHIP CARD TO BOARD THE BUS.**



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## Part 4 Specific Information about the Camper (confidential)

NAME OF CAMPER: \_\_\_\_\_  
First and last name

### GENERAL BEHAVIOUR:

It is helpful to know what, if any, behaviors for which staff should be prepared. If there is a tendency to withdraw and/or to act-out. Please describe the type of behavior and what "triggers" it. What strategies work for you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature or relationship with peers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature of relationship with adults: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IS THIS CAMPER ANXIOUS ABOUT: *please circle to indicate*

Insects                  Loneliness                  Being Alone                  Taking Part in New Activities  
Water                    Darkness                    Animals                    Being in a Crowd    Other: \_\_\_\_\_

**\*\*If your child is sensitive to loud noises, please consider sending noise cancelling earphones\*\***

If you answered YES to any of the above questions, please add more details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate this camper's:

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Other information you feel may be helpful: \_\_\_\_\_

Any restrictions in contacts? \_\_\_\_\_ Please specify: \_\_\_\_\_

Name of Care Giver who completed this: \_\_\_\_\_

Telephone number to reach you \_\_\_\_\_ Email address to reach you \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Part 5 Authorizations for ALL campers

Parent / Guardian is obligated to sign this form for your child.

NAME OF CAMPER: \_\_\_\_\_  
First and last name

In case of an emergency and I, the parent cannot be reached, I do hereby authorize the management of Camp Weredale to act in my name in order to provide my child with the required medical and/or surgical care needed.

YES  NO

Camp Weredale dispenses non-prescription medication (over-the-counter-drugs) on a need basis. Do you permit your child to receive over-the-counter drugs such as acetaminophen, ibuprofen, anti-nauseates, antihistamine, anti-inflammatory, cough syrup, topical antibiotic, homeopathic products, etc.?

YES  NO

Camp Weredale might be taking photos of your child while at camp. These photos may be used exclusively by Camp Weredale for public relation such as the Camp Weredale Facebook page and website. Standard precautions of storage and access will be respected. Do you consent to these photos?

YES  NO

During the course of the summer, campers at Camp Weredale might leave the camp site for an activity. Do you give your child permission to attend?

YES  NO

**\*\*If your child cannot attend camp, we will refund the total session cost, less a \$25.00 registration fee.\*\***

**\*\* If your child attends part of a camp session and must leave on account of serious illness, partial refunds may be made to the parent, less registration fees, transportations fees and daily rates\*\***

I have read and accept the information provided by Camp Weredale and give my permission as identified above.

I will notify the camp if there is any change in the information contained in the registration forms after it is sent and the camper arrives at camp.

Camp Weredale provides an electronic free vacation to campers; cell phones and other electronic devices are not permitted.

\_\_\_\_\_  
Parents/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Relation to camper

Thank you for filling in the registration form with all the necessary information required.