



CAMP WEREDALE REGISTRATION 2019



Part 1 Basic Registration Information for ALL campers, all ages.

Name of camper: _____ Age: _____ Male: Female:

Date of birth: ____/____/____ First language: _____
Day Month Year

Address: _____ City: _____

Session 1 June 24 to July 5

Session 2 July 8 to July 19

Session 3 July 22 to August 2

Session 4 August 5 to August 16

****We always leave for Camp on a Monday and return on a Friday****

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:

Name: _____ Agency: _____

Telephone No: _____ - _____ - _____ Extension No: _____

EMERGENCY CONTACT: Name: _____ Relation: _____ Tel: _____ - _____ - _____



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Part 2 Personal Choice Program ONLY for campers, aged 13 to 17 years old.

TO BE FILLED OUT BY CAMPER

Name of camper: _____

Date of birth: ____/____/____ Age: _____ Male: Female:
Day Month Year

For which of the four Personal Choice Program Activities are you applying? (Check only ONE)

Sequoia Water Works Sports Camp Me, Myself & Art

Have you ever been a member or participant of a "group" (sports team, art group, after school club, etc.) **YES / NO**. If yes, which one: _____

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

'Personal Letter' In the following space please indicate why you have chosen the one you have and write some ideas of what you'd like to learn and how you could help make your program choice successful. (Continue on the back of this page you need more space)



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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: _____ Male: Female:
Day Month Year

Medicare/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): _____

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.

****OFFICE USE ONLY****

Camp Medic: _____ Administration: _____

Date: _____ Date: _____



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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
Water

Loneliness
Darkness

Being Alone
Animals

Taking Part in New Activities
Being in a Crowd

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

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 relations. 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, transportation 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.

Parents/Guardian Signature:

Date: