

Spring Break 2024 Camp Application

PARTICIPANT INFORMATION

_____ LAST NAME	_____ FIRST NAME	_____ PRONOUNS	
_____ STREET ADDRESS	_____ CITY	_____ PROVINCE	_____ POSTAL CODE
_____ DATE OF BIRTH	_____ AGE	_____ GRADE / SCHOOL	

HAVE YOU PARTICIPATED IN AN AFTER-SCHOOL PROGRAM OR
SPRING/SUMMER CAMP BEFORE?

☐ YES ☐ NO

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU TO MAKE YOUR TIME AT CAMP MORE ENJOYABLE?

MEDICAL INFORMATION

_____ CARE CARD NUMBER	
_____ FAMILY DOCTOR	_____ PHONE NUMBER
_____ FAMILY DENTIST	_____ PHONE NUMBER

DO YOU HAVE ANY ALLERGIES? ☐ YES ☐ NO IF YES, LIST: _____

DO YOU HAVE A MEDICAL CONDITION? ☐ YES ☐ NO IF YES, LIST: _____

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PARENT/GUARDIAN INFORMATION

_____ LAST NAME	_____ FIRST NAME		
_____ STREET ADDRESS	_____ CITY	_____ PROVINCE	_____ POSTAL CODE
_____ PHONE NUMBER	_____ EMAIL		
_____ LAST NAME	_____ FIRST NAME		
_____ STREET ADDRESS	_____ CITY	_____ PROVINCE	_____ POSTAL CODE
_____ PHONE NUMBER	_____ EMAIL		

EMERGENCY CONTACTS (IN ADDITION TO PARENT/GUARDIANS)

_____ LAST NAME	_____ FIRST NAME	_____ RELATIONSHIP
_____ PHONE NUMBER	_____ EMAIL	
_____ LAST NAME	_____ FIRST NAME	_____ RELATIONSHIP
_____ PHONE NUMBER	_____ EMAIL	