

MANDATORY CAMPER INFORMATION FORM

The Corporation of the Town of Whitby
555 Rossland Road East, Whitby, ON L1N 2M8
T: 905-655-2010 | E: camps@whitby.ca | whitby.ca/Camps



Please bring this completed form with you on the first day of camp. Returning campers will only need to fill this form out once. This form will be kept on file for the entire camp season.

- I authorize staff to assist the camper with any toileting needs
- I authorize staff to assist the camper with changing/dressing if needed (assist with putting on bathing suit for swimming)

FOR OFFICE USE ONLY - Camp Week:

Camper Information

Last Name:			
First Name:			
Address:			
City/Town:		Postal Code:	
Home Phone:		Cell Phone:	
Email Address:			
Preferred Pronouns (she/her, he/him, they/them, etc.)			

Emergency Contact Information #1

Last Name:			
First Name:			
Address:			
City/Town:		Postal Code:	
Home Phone:		Cell Phone:	
Email Address:		Relation:	

Emergency Contact Information #2

Last Name:			
First Name:			
Address:			
City/Town:		Postal Code:	
Home Phone:		Cell Phone:	
Email Address:		Relation:	

Please Complete All Sections and Initial

Consent for Food and Sunscreen/Bug Spray Protection			Initial
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for the camper to eat the foods that may be provided by the camp.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge camp is a nut-free environment and agree not to send nut-containing products to camp with the camper.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I will provide sunscreen and bug spray for the camper's use and give the camper's camp counsellor consent to apply sunscreen, as required. In the event I forget to provide sunscreen, I give my permission for the camp counsellor to apply Coppertone Sport SPF 30 and Johnson OFF Bug Spray Family Care sunscreen provided by the Town of Whitby, as required.	

Consent for Photos and Video			Initial
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I hereby grant permission to the Town of Whitby Camp program to include the camper's likeness (i.e., photographs, videos, etc.) in displays or media promoting recreational programs.	

Camper Release Consent			Initial
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your child be leaving camp by themselves? If you answered No , indicate in the space below who will be picking up your child. The names listed below are the only persons permitted to pick up your child. Government issued identification is required when picking up a camper from camp. Names: _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I fully understand that once the camper leaves the camp premises after the completion of the day, they are no longer under the care of the camp staff.	

Camper Release Consent			Initial
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the camper have any medical conditions, physical or cognitive disabilities/behaviours or allergies? If yes, please list. Note: Not disclosing the needs of a camper prior to, or at the time of, registration may result in the camper being required to withdraw from camp. _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can the camper swim independently? If yes, what is the highest level they have achieved? Level: _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I hereby give my consent for this camper to use bus transportation, if needed, and/or to leave the property with camp staff supervision to walk to a nearby park for outdoor play.	

Acknowledgement: I acknowledge that I am at least eighteen (18) years of age and have CAREFULLY READ, UNDERSTOOD, AND WILL ABIDE by The Corporation of the Town of Whitby's Public Code of Conduct, Privacy Policy, and Terms of the activity(ies)/ program(s)/ event(s) including the Program Registration Form.

If you do not understand the content of the Waiver, or this acknowledgement, please contact the Community Services Department at 905-666-1991 for assistance.

Signature:	Print Name:
Date: (dd/mm/yyyy)	

Personal Information: The Participant understands that personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be address The Corporation of the Town of Whitby, Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.