Summer camp registration form

Camper details

Please complete one form for each camper. **[Camp Name]** uses this information to place your child in the right group, plan supervision and contact you during camp.

Camper’s full name *

Preferred name

Camper’s date of birth *

Grade in the coming school year *

T-shirt size

- ◯ Youth S
- ◯ Youth M
- ◯ Youth L
- ◯ Adult S
- ◯ Adult M
- ◯ Adult L

Camp type *

- ◯ Day camp
- ◯ Overnight camp

Weeks or sessions *

- ☐ Session 1 [Dates]
- ☐ Session 2 [Dates]
- ☐ Session 3 [Dates]
- ☐ Session 4 [Dates]

Extended care

- ☐ Before care
- ☐ After care
- ☐ No extended care needed

Friend or cabin-mate request (we will try but cannot guarantee requests)

Parent or guardian details

The parent or legal guardian completing this form will be the main contact for registration, payments and any questions during camp.

Parent or guardian contact details

First name *

Last name *

Phone

Email *

Relationship to camper

Second parent or guardian name and phone number

Emergency contacts and pickup

Please give at least one emergency contact other than the parent or guardian above. We will call them if we cannot reach you.

Emergency contact name *

Emergency contact phone number *

Emergency contact relationship to camper

Campers will only be released to a parent or guardian or to an adult named below. Staff may ask for photo identification at pickup. Please tell us in writing before the session if pickup arrangements change.

People authorised to pick up the camper (name, relationship and phone number) *

People who are NOT allowed to pick up the camper (please provide a copy of any court order to the camp office)

Health and medical information

This information helps our staff and any health care provider care for your child safely. It is shared only with staff who need it.

Medical conditions (for example asthma, diabetes, epilepsy, heart conditions) and how they are managed

Allergies (food, medication, insect stings, environmental) and the reaction and treatment for each

Does the camper carry an epinephrine auto-injector or inhaler? *

- ◯ Yes
- ◯ No

Medications the camper will take during camp (name, dose and time)

Dietary needs or restrictions

Physical, emotional, behavioural or learning needs, or recent injuries, that staff should know about

Doctor’s name and phone number

Health insurance provider and policy number

Swimming ability

Camp activities may include swimming in a pool, lake or other open water. Every camper will take a swim check with camp lifeguards, who decide which swim area the camper may use.

Swimming ability *

- ◯ Non-swimmer
- ◯ Beginner (needs flotation or stays in shallow water)
- ◯ Intermediate (can swim short distances unaided)
- ◯ Strong swimmer

Permission to swim *

- ◯ My child may take part in swimming activities
- ◯ My child may not take part in swimming activities

Medication administration

Medication must be handed to the camp health staff in its original labelled container, with written instructions. Campers may only carry their own emergency medication, such as an inhaler or epinephrine auto-injector, where camp policy allows.

I authorise **[Camp Name]** staff to give my child the medication I have listed, as directed on the label or by my child's doctor.

Over-the-counter medication *

- ◯ I authorise camp health staff to give standard over-the-counter medication (such as pain relievers, antihistamines and sunscreen) as needed
- ◯ Contact me before giving any over-the-counter medication

Fees, deposit and refunds

I agree to pay camp fees in line with the fee schedule for the sessions and extended care I have selected.

- A non-refundable deposit of **[Deposit Amount]** per session secures my child's place.
- The remaining balance is due by **[Balance Due Date]**. Registration may be cancelled if payment is not received on time.
- Cancellations made more than **[Number]** days before the session starts receive a refund of fees paid, less the deposit.
- Cancellations made after that date are not refundable, except where **[Camp Name]** cancels the session or where required by applicable law.
- No refunds or credits are given for days missed because of illness, holidays or dismissal from camp.
- Late pickup may be charged at **[Late Fee]** per **[Time Period]**.

Camper conduct

Camp works best when everyone feels safe and included. Campers are expected to:

- Follow the directions of counsellors and staff
- Treat other campers, staff and property with respect
- Stay with their group and in designated areas at all times
- Refrain from bullying, fighting, harassment or unsafe behaviour

I understand that if my child's behaviour puts themselves or others at risk, or repeatedly disrupts the program, the camp may contact me, ask me to collect my child early, or dismiss my child from camp without a refund. I will be responsible for the cost of any property my child deliberately damages.

Electronics and personal items

Mobile phones, tablets, gaming devices and smartwatches are **[not allowed / allowed only during designated times]** at camp. Devices brought to camp may be held by staff and returned at pickup.

Campers should not bring valuables, money or items that could be unsafe. **[Camp Name]** is not responsible for lost, stolen or damaged personal items, except where caused by its negligence. Please label all clothing and belongings.

Photos and media

[Camp Name] may take photos and videos of camp activities to share with families and for its own records. With your permission, we may also use them on our website, social media and promotional materials. We do not publish campers' full names with their images.

Photo and video consent *

- ◯ I allow photos and videos of my child in camp communications, website and social media
- ◯ Use photos of my child only in private updates to camp families
- ◯ Please do not photograph my child

Activities and risks

Camp activities may include, depending on the session:

- Sports, games, running and active outdoor play
- Swimming, water games and, where offered, boating or paddling
- Arts and crafts, cooking and science activities using tools and materials
- Hiking, nature exploration and outdoor education
- Climbing, archery or other adventure activities under trained supervision
- Field trips, off-site visits and travel by bus, van or other transport
- For overnight camps, sleeping in cabins or tents and camping activities

I understand that these activities involve risks that cannot be fully removed, even with careful supervision. These include:

- Slips, trips, falls, collisions, sprains, cuts, bruises and broken bones
- Drowning or near-drowning and other water-related injuries
- Sunburn, heat exhaustion, dehydration and weather-related hazards
- Insect bites and stings, plant irritation, allergic reactions and contact with wildlife
- Illness spread in group settings
- Traffic and travel risks during field trips and transport
- Homesickness and emotional distress

Camp rules and supervision

I will explain the camp rules to my child and encourage them to follow staff instructions. I understand that campers are supervised by trained staff in line with the camp's ratios and procedures, but that staff cannot watch every camper every moment.

I give permission for my child to take part in all regular camp activities, including off-site field trips and transport arranged by the camp, except any activities I have told the camp about in writing.

Medical treatment authorisation

If my child becomes ill or injured at camp, I authorise **[Camp Name]** and its staff to:

- Give first aid and routine care
- Contact me, or my emergency contact if I cannot be reached
- Arrange transport to a doctor, urgent care clinic or hospital
- Consent to examination and treatment, including emergency treatment, that a licensed medical professional considers necessary, if I cannot be reached in time
- Share relevant health information from this form with treating medical professionals

I agree to pay for medical care and transport not covered by insurance, except where applicable law provides otherwise.

Assumption of risk

I understand the activities and risks described in this form. I voluntarily allow my child to take part in camp and accept the ordinary risks that come with these activities.

I confirm that I have disclosed health, allergy, swimming and behavioural information that may affect my child's safety, and I accept responsibility for consequences caused by information I withheld or provided inaccurately.

Liability release

To the fullest extent permitted by applicable law, I release **[Camp Name]** and its owners, directors, employees, counsellors, volunteers and representatives from claims arising from the ordinary and inherent risks of camp activities described in this form, including swimming, outdoor activities and field trips.

This release does not exclude or limit liability that cannot legally be excluded or limited. It does not apply to gross negligence, intentional misconduct, abuse or any other liability that applicable law prohibits the camp from waiving. I understand that the rules on parents signing releases on behalf of children vary by jurisdiction.

Privacy and recordkeeping

[Camp Name] will collect and keep the information in this form to manage registration, payments, supervision, pickup, health care, incident reporting and communication with families, and to meet licensing, insurance and legal obligations.

Health information will be shared only with staff and medical professionals who need it to care for my child. Information will be handled according to the camp's privacy notice and applicable data-protection laws.

Final declaration

By completing and signing this form, I confirm that:

- I am the camper's parent or legal guardian.
- The information I have given is complete and accurate, and I will tell the camp about any changes before or during camp.
- I agree to the fee, refund, conduct, electronics and pickup policies.
- I understand the risks of camp activities and give permission for my child to take part.
- I authorise medication administration and emergency medical treatment as described.
- I understand that this form does not remove rights or protections that cannot legally be waived.

Signature

☐ I have read, understood and agree to the Summer Camp Registration Form above, including the policies, medical authorisation and liability release, and I confirm that the information provided is accurate. *

Name of person signing *

Signature *