



## Summer Camp Registration Form

### Camper Information:

Camper's Full Name: \_\_\_\_\_

Gender: Male  Female  Other

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### Medical Information:

9. Medical Conditions/Allergies:

(Please specify any allergies, medications, medical condition or sensitivities)