

Mandatory Camper Information Form

Town of Whitby

Brooklin Community Centre and Library

8 Vipond Road, Brooklin, ON L1M 1B3

Phone: 905.655.2010

Email: camps@whitby.ca

Web: 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 my child with any toileting needs.

I authorize staff to assist my child with changing/dressing if needed (assist with putting on bathing suit for swimming)

Camper Information - please print clearly

Last Name	First Name	Gender
Family Address		
City/Town	Postal Code	Email
Home Phone	Business Phone	Cell Phone

Emergency Contact #1 Information - please print clearly

Last Name	First Name	Gender
Family Address		Relation
City/Town	Postal Code	Email
Home Phone	Business Phone	Cell Phone

Emergency Contact #2 Information - please print clearly

Last Name	First Name	Gender
Family Address		Relation

City/Town	Postal Code	Email
Home Phone	Business Phone	Cell Phone

Please initial beside each answer.

YES	NO	Consent for Food and Sunscreen Protection
		I give permission for my child to eat the foods that may be provided by the camp.
		I acknowledge camp is a nut-free environment and agree not to send nut-containing products to camp with my child.
		I give my child's camp counsellor consent to apply sunscreen, if required.
YES	NO	Consent for Photographs
		I hereby grant permission to the Town of Whitby Camp program to include my child's likeness (i.e., photographs, videos, etc.) in displays or media promoting recreational programs.
YES	NO	Camper Release Consent
		Will your child be leaving camp by themselves? If you answered no, indicate who will be picking up your child. The names listed below are the only persons permitted to pickup your child.
		I fully understand that once my child leaves camp premises after the completion of the day they are no longer under the care of the camp staff.
YES	NO	General Information
		Does your child have any medical conditions, disabilities or allergies? If yes, please list.
		Can your child swim independently? If yes, what is the highest level they have achieved?
		I hereby give consent for this camper to use bus transportation if needed.

I hereby agree with all of the rules and conditions of the above material.

Signature	Date (dd/mm/yyyy)
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Personal information on this form is collected under the authority of Section 11 of the Municipal Act, SO 2001, c.25 and will be used for the registration purposes in requesting recreation program(s). Questions regarding the collection of personal information should be directed to the Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.