



City of
Peterborough

RECREATION DIVISION

2017 Summer Camp Health/Information Form

This form MUST be returned to the Recreation Division at least 2 weeks prior to the beginning of your camp! See reverse side for instructions on sending in this form.

Please Circle Your Camp(s): Soccer Camp Junior Tennis Camp Basketball Camp
Ultimate Sports Camp Football Camp

Dates of Camp: _____

Please specify if registered in more than one week of camp.

CAMPER INFORMATION:

Last Name: _____ First Name: _____

Birth Date: (yyyy/mm/dd) _____ Age: _____ Gender: Male Female

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Parent/Guardian e-mail address: _____

EMERGENCY CONTACTS:

The following people should be contacted in case of an emergency, and also have permission to pick the above child up from camp. Please list everyone who has permission to pick the camper up from camp.

1st Contact

Name: _____

Relationship to Child: _____

Home Phone #: _____ Work #: _____ Cell #: _____

2nd Contact

Name: _____

Relationship to Child: _____

Home Phone #: _____ Work #: _____ Cell #: _____

3rd Contact

Name: _____

Relationship to Child: _____

Home Phone #: _____ Work #: _____ Cell #: _____

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HEALTH INFORMATION

1. MEDICAL CONDITIONS/ALLERGIES:

Please list below all medical conditions, allergies, disabilities, needs, behaviours and any special instructions for your child.

2. ASTHMA:

Does your child suffer from asthma? No Yes

If yes, please indicate severity: Mild Moderate Severe

What triggers these attacks? _____

3. MEDICATIONS:

Is your child currently on any medication? No Yes

If so, please list medications: _____

How and when is the medication administered? _____

PHOTO WAIVER

In the case of program activities, photos may be taken and audio and/or visual recordings may be made. I, on behalf of my child, understand the nature of these activities. I/we hereby agree that my child's photo or image may be used for promotional purposes.

Parent/Caregiver Signature: _____

Date: _____

Please Note: This form must be returned two weeks prior to the start of the camp. Send your completed form by email, fax, mail or drop off at the Recreation Division.

City of Peterborough - Recreation Division

Attn: Brianna Mackey
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210 Wolfe Street
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Email: bmackey@peterborough.ca