



PA Day/March Break Camp Camper Information and Medical Form 2017/2018

More forms and/or online registration is available at
www.circlerranch.ca

This form must be submitted upon registration for PA Days or March Break. Please ensure it is filled out completely & accurately. Campers cannot attend camp without submitting this form prior to camp. Please fill out a separate form for each camper.

_____ Male New Camper
CAMPER (Last name) (given name commonly used) Female Returning Camper

_____ Birthdate: (mm/dd/yy) _____ Age _____ Grade 2017/2018 School Year _____ School _____

PARENTS/GUARDIANS & EMERGENCY CONTACTS: (print clearly)

Marital Status of camper's parents/guardians: Single Married Separated Divorced Common Law Other _____

Legal Custody: Please indicate who has custody and is legally responsible for this camper (be sure to include their contact information below):

Both Parents (live together) Joint Custody (live apart) Mother Father Other _____

Camper lives with: Both Parents Father Only Mother Only Other (Specify): _____

Are there any custody concerns we should be aware of? _____

PLEASE LIST IN ORDER WHO SHOULD BE CONTACTED IN CASE OF ILLNESS OR MEDICAL EMERGENCY:

First contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

_____ Home Tel. # _____ Work Tel. # _____ Cell / Pager # _____ Summer # _____ Relationship to Camper _____

Second contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

_____ Home Tel. # _____ Work Tel. # _____ Cell / Pager # _____ Summer # _____ Relationship to Camper _____

Third contact: Mr. Mrs. Ms. Miss Dr. First and Last Name: _____

_____ Home Tel. # _____ Work Tel. # _____ Cell / Pager # _____ Summer # _____ Relationship to Camper _____

RIDING EXPERIENCE (*trail riding is weather dependent and may not be offered at winter or shoulder season PA Days*)

Has your camper ever been trail riding or taken lessons? Please describe: _____

Does your camper have any hopes, fears or concerns about riding? _____

What horse(s) did your camper ride last year? _____ Would your camper like to request a horse? _____

We try our best to accommodate, but cannot guarantee your request.

HEALTH CARE INFORMATION

_____ Camper's Health Card Number _____ Version Code: _____ Camper's Height _____ Camper's Weight _____

Please note: Campers found to have **head lice** on arrival will be sent home until matter has been resolved. There will be no refund of camp fees. **Please do a head lice check on your child regularly and within 3 days before arriving at camp.**

IMMUNIZATION HISTORY:

Are your camper's immunizations up to date including tetanus? Yes No

Are there immunizations you have chosen not to give your camper? Yes No – specify _____

DIETARY NEEDS OR RESTRICTIONS: Vegetarian Lactose Intolerant Other: _____

Please note, all Circle R Ranch meals and snacks are peanut and tree nut-free. Note: all dietary concerns must be listed here prior to the start of the session. All information regarding the special dietary needs will be shared with the kitchen staff.

ALLERGIES: Please be specific, attach separate page if necessary.

Does your camper have any allergies or do they suffer from asthma? Yes No Specify: _____

Does your camper require an Epi-Pen Yes No for the following allergy: _____

If camper requires an Epi-Pen, he/she must bring it to camp.

MEDICATIONS:

Will any medications be sent to camp? No Yes - please list medications and instructions: _____

OTHER: Does your child have any other physical, health, developmental, behavioral, or emotional condition that may affect his/her ability to participate in camp activities or about which we should be aware to ensure a successful time at camp?) No Yes If yes, give details: _____

GROUP MATES: Camp is an ideal place to make new friends, however, if your child has a request for group mates, please list : _____

*(Please list a **maximum** of **two** persons who are your camper's **AGE and GRADE** in school. Please list your names in order of preferences. We look to **TWO NAMES ONLY** and each request **must be reciprocated** in order to be considered. Group mate requests are **NOT** guaranteed. Requests must come in writing from **BOTH** families.)*

CAMPER INFORMATION:

1) What is your child most excited for at camp? What does he/she want to gain from his/her camp experience?

2) Notes / Other Comments: (please feel free to attach a separate page, or contact us with any further information)

AUTHORIZATION

- I approve my child's participation in all camp programs and activities unless I the parent/guardian, advise Circle R Ranch in advance, in writing.
- If for any reason my child requires medical attention or special medication beyond that furnished by Circle R Ranch, I authorize the camp to authorize on my behalf to take whatever steps deemed necessary to ensure the safety and health of my child. Such action is to be taken only when immediate contact with the undersigned or emergency contacts cannot be made.
- I grant Circle R permission to use any photographs or videos taken of my child in promotional materials.
- I understand that camp is an "unplugged" environment, and my camper will not bring any electronic devices such as iPods, MP3 players, cell phones, gaming devices or other personal electronic devices to camp.
- If camper has a potentially life-threatening allergy or food sensitivity, or other special need(s), the parent or guardian must contact the camp office prior to completing this form. Circle R Ranch is NOT a peanut-free environment.

Signature of Parent or Guardian

Date