



# Day Camp 2018 Camper Information and Medical Form

More forms and/or online registration is available at  
[www.circranch.ca](http://www.circranch.ca)

This form to be submitted by May 1st, 2018 or upon registration if after that date. Please ensure it is filled out completely and 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 in 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 Summer # Relationship to Camper

**Second contact:**  Mr.  Mrs.  Ms.  Miss  Dr. First and Last Name: \_\_\_\_\_

\_\_\_\_\_  
Home Tel. # Work Tel. # Cell Summer # Relationship to Camper

**Third contact:**  Mr.  Mrs.  Ms.  Miss  Dr. First and Last Name: \_\_\_\_\_

\_\_\_\_\_  
Home Tel. # Work Tel. # Cell Summer # Relationship to Camper

### RIDING EXPERIENCE

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.*

### SWIMMING ABILITY (summer sessions only)

Non-swimmer  Beginner  Intermediate  Swims like a fish

Has your camper taken swimming lessons?  Yes  No Does he/she have any fears around water? \_\_\_\_\_

### 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, Circle R Ranch meals and snacks are peanut and tree nut-free.\*** All dietary concerns must be listed here prior to the start of the session. 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/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 at least one to camp. (two Epi-Pens are recommended)

**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. Each request **must be reciprocated** in order to be considered. For a variety of reasons, group mate requests are **NOT** guaranteed.)*

**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 any other personal electronic devices to camp.*

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date