



BRACEBRIDGE RECREATION
SUMMER FUN FEST CAMP FORM 2019
 AGES 5 – 12



CAMPER INFORMATION

LAST NAME: _____ FIRST NAME: _____

AGE: _____ DATE OF BIRTH (day/month/year): _____ SEX: _____

ADDRESS: _____

TOWN/CITY: _____ POSTAL : _____ EMAIL ADDRESS: _____

PARENTS/GUARDIAN NAME (Please print) : _____

HOME ☎: _____ WORK ☎: _____ CELL ☎: _____

EMERGENCY CONTACT: (Other than self) _____

EMERGENCY NUMBERS ☎ _____ ☎ _____ Relationship to Camper _____

FAMILY DOCTOR: _____ ONTARIO HEALTH # _____

WHO WILL BE PICKING CHILD UP AT END OF DAY _(list full names) _____

Participant Medical Information		
Does camper have any medical conditions that would impact their participation ? YES NO		
If yes, please indicate condition:		
Does camper require any medications?	YES NO If yes please fill out camper medication form	Type of Medication
Allergies: YES NO Type of Allergy Drug Food Other	Description and Treatment	
Other info:		

Campers Background Information	
Is extra support required at school? YES NO	Please describe support/assistance required? Please describe support:
Is extra support/assistance required for basic care? YES NO	
Helpful Camper Information:	Please describe:
Camper Intake form is available for you to provide more detailed information	

I GIVE PERMISSION FOR PICTURES OF MY CHILD TO BE USED FOR PROMOTIONAL PURPOSES Y / N

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, M.56, R.S.O. 1990* and will be used for the sole purpose that it has been collected. Questions about this collection should be directed to:
 Director of Corporate Services/Clerk, Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON P1L 1R6 (705) 645-6319 x. 243.



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INSERT AN (X) UNDER DAYS ATTENDING TO INDICATE THE CAMP DAYS YOU ARE REQUESTING.

weekly: \$155.00/week daily: \$36.00/child

Required at time of booking: \$6.00 deposit/day AND balance by post-dated payments

***\$6.00/day/child administration fee for cancellations. FULL CHARGE for same day cancellation**

DATES	DAYS ATTENDING					OFFICE USE ONLY					
	M	T	W	TH	F	Total fee	Deposit	Balance	Date registered		
Jul 2-5 \$36.00/day	NO CAMP										
Jul 8-12											
Jul 15-19											
Jul 22-26											
Jul 29 – Aug 2											
Aug 6-9 \$36.00/day	NO CAMP										
Aug 12-16											
Aug 19-23											
Aug 26-30											

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