


[Please Return One Form Per Camper]

CAMP DELIGHT CAMPER INFORMATION FORM

We are super excited that you are coming to Camp Delight! Before you come to camp though, we would like to know a little bit about your interests and favorite things so we can make sure you have a really fun camp week.

| Camper Information | | |
|---|-----------------|--|
| Your Name: | |  <p>Please attach a recent photo of yourself to the email with the forms when returned.</p> |
| What do your friends call you: | | |
| School grade: | | |
| Favorite subject at school: | | |
| Favorite food: | | |
| Hobbies: | | |
| Activities you enjoy: | | |
| Games you enjoy: | | |
| Sports you enjoy: | | Can you Swim? |
| Do you have a pet? | What Kind(s)? | Name(s)? |
| Do you like reading? | Favorite Book: | |
| Have you been to Camp Delight before? | How many years? | What is your favorite part? |
| What was your favorite activity from last year? | | |
| What was your favorite meal from last year? | | |
| What would you most like to see this year at camp? | | |
| Do you have any cool costumes picked out for Camp? | | |
| Is there anything else you would like to share with us? | | |

Awesome. See you at Camp Delight!

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Camp Delight Medical History

| Camper Information | | | |
|--|------------------|-------------------------|------------------------------|
| Camper's Last Name: | First: | Registration Type | Sex: |
| MCP # (optional): | Birth Date: | Age: (As of August 9th) | |
| Street Address: | Postal Code: | City: | |
| Shirt Size: | | | |
| Parent/ Emergency Contact Information | | | |
| Mother/Guardian's Name: | Phone Number: | E-Mail: | |
| Address (if different from above): | | | |
| | | | |
| Father/Guardian's Name: | Phone Number: | E-Mail: | |
| Address (if different from above): | | | |
| | | | |
| Emergency Contact (If parent can't be reached) | Phone Number: | E-Mail: | |
| | | | |
| Camper Medical Information | | | |
| Please explain the camper's diagnosis: | | | Not Applicable |
| Please explain the camper's treatment: | | | Active Maintenance Off |
| Date of Diagnosis: | | | |
| Does the camper have a: | Hickman Catheter | Port-a-Catheter | N/A |
| Is the camper permitted to sleep on the top bunk? | | | |
| Will the camper be taking Medication at Camp? | | | |
| Are the camper's immunizations up to date? | | | |
| Has the camper had: | Chicken Pox | Date: | |
| | Measles | Date: | |
| | Mumps | Date: | |
| Does the camper have any disabilities? If Yes, Explain: | | | |

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Does the camper smoke?

*Note: Camp Delight is a tobacco free camp for campers, staff, parents, and guests.
Cigarettes and tobacco products are not permitted.*

Does the camper experience any of the following?

| | | | |
|-------------------|-----------|-----------------|---------------------|
| mobility problems | diabetes | sleep walking | ear/sinus infection |
| heart problems | seizures | bed wetting | hyperactivity |
| vision problems | asthma | nightmares | other |
| skin problems | headaches | fainting spells | |
| blood disorders | diarrhea | constipation | |

If yes to any of the above, please explain:

Please list any allergies the camper may have (include reaction and treatment):

1)

2)

3)

4)

5)

Please list any behavioural problems or behavioural patterns the camper may have and how these are managed:

Has the camper experienced a significant loss in the past 2 years?

If the camper has a sibling attending camp, are there any special considerations?

Does the camper have any fears?

If yes, please explain:

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Medical Consent

I give permission to the medical/nursing staff of Camp Delight to administer routine and other medication for my child as well as provide emergency care as required. I give further permission for my child to participate fully in all activities at Camp Delight unless otherwise specified above and waive Candlelighters against all actions or claims.

ChildsName:

Witness:

Date:

Signature:

Name:

Date:

When this form is complete, please save the file as FirstName_LastName_CamperInfo.PDF and return to campdelight@candlelightersnl.ca along with a recent photo of the camper. This form must be filled with Adobe Reader 7.0 or higher which is a free download at www.get.adobe.com.

PAYMENT INFORMATION

Payment may be made by e-transfer to loripike@candlelightersnl.ca.

Please note that until payment is made the registration process is not complete!