

Camper Information	
First Name	Last Name
Home Phone	Birthdate (m/dd/yy)
Address	Unit #
City	Postal Code
Main Contact Name	Relationship
Daytime Phone #	Cell #
Resides with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	

Emergency Contacts (Every attempt will be made to contact the main contact at the numbers above. Should those attempts be unsuccessful, please list two alternative contacts.)		
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #

Transportation To and From Camp (Please provide the full name and information, other than emergency contacts, for each person authorized to pick up the camper from camp. Each authorized adult will be required to show photo identification daily and be listed on this form.)		
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
Full Name	Relationship	Daytime/cell #
My child has permission to walk to and from camp unescorted by a parent/guardian <input type="checkbox"/> yes <input type="checkbox"/> no and can leave camp each day at this time: _____ pm		

Medical Information	
Allergies <input type="checkbox"/> yes <input type="checkbox"/> no Details:	Epi-pen required? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, additional form required)
Medical (i.e. vision, hearing, seizures, diabetes, mobility)? <input type="checkbox"/> yes <input type="checkbox"/> no Details:	
Asthma <input type="checkbox"/> yes <input type="checkbox"/> no Inhaler? <input type="checkbox"/> yes <input type="checkbox"/> no Asthmatic triggers:	
Developmental/Learning (i.e. ADD/ADHD/Autism/Delays) <input type="checkbox"/> yes <input type="checkbox"/> no Details:	
Dietary/exercise restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no Details:	
Will medication be needed during the camp day? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, complete reverse of form authorizing medication)	
Doctor's Name:	Phone number:

Parent/Guardian Consent

I hereby release the City of Hamilton from all claims or damages arising from participation of the applicant hereon during any program or in any location where a program is held (i.e. field trips, organized swim, etc), except where such damage or injury results from the negligence of the City Of Hamilton and/or it's employees. Permission is hereby granted to the Recreation Division and it's representatives to transport my child to a hospital for medical treatment if necessary.

Photos are taken throughout the camp week and are often used (without names) for promotional purposes. If you **do not** wish to have your child's picture used for future promotions, please check this box (do not use pictures of my child for promotions)

Signature: _____

Date: _____

The collection, use and disclosure of personally identifying information submitted on this form is governed by the municipal Act, R.S.O. 1990, C.M.56. Personally identifying information will be used by the City Of Hamilton to facilitate registration of the applicant into the requested recreation program, to produce aggregated statistical reports and to improve recreational programs provided by the City. Applicants may, from time to time, be contact by the City or a City contracted third party for the express purposes of assessing satisfaction and/or to obtain feedback on recreational services, facilities, pricing, promotion, and/or other aspects of program delivery. The City will make every reasonable effort to protect the applicant's personal identifying information. Questions about this collection, use, and disclosure should be directed to: Recreation District Managers, 28 James St. North, 3rd floor, Hamilton, ON, L8R 2K1.

