

University of Windsor Summer Camp – 2017 Season Camper Consent & Information Form



This form must be completed and returned before the start of camp on Monday morning. Your information will be shared in confidence with camp staff so we may be sensitive to your child's needs and unique characteristics.

Child's Name: _____ Camp: _____ T-shirt Size: _____

Ontario Health Card #: _____ Date of Birth (mm/dd/yy): _____

Allergies (foods, drugs, environmental): _____

Medication or treatments required at camp: _____

Special Needs, Limitations or Other General Information to be shared with Camp Staff (ie. social skills, ability to make friends) _____

Authorized Pick Up List: Please list **NAME** of those individuals who may pick up this camper during the week, and their **RELATIONSHIP** to the camper (mother, father, grandparent, neighbour, etc.).

1. _____
2. _____
3. _____
4. _____

Do you grant your child permission to walk or bike home without supervision? Yes _____ No _____

Family/Emergency Contact Information

Parents or Guardians: _____

Daytime telephone #: _____

Emergency Contact (if parents are unavailable): _____ Phone # _____

Relationship to camper: _____

Family Physician: _____ Phone # _____

I/We have read and understand the information presented in this packet. I/We are aware that the activities included during Lancer Summer Camps (include swimming, running, the crossing of street intersections [main campus camps], and other physical activities) involve inherent risk and may result in personal injury and death. I/We agree to cooperate with all camp procedures and regulations. My/Our child may be photographed and pictures released for publicity. I/We are fully informed about the risks associated in the activities and consent to our child's participation in the University of Windsor Lancer Summer Camps.

Signature of Parent/Guardian

Date