

# CAMP WINNEBAGOE

## MINI WINNY DAY APPLICATION FORM

Thursday, August 4, 2011

Directors: Ben, Jill and Ilyse Lustig  
134 Chiltern Hill Road, Toronto, Ontario M6C 3C4 Telephone 416 780-0081



### CAMPER INFORMATION:

Camper's Name \_\_\_\_\_  
SURNAME GIVEN NAMES POPULARLY KNOWN AS GENDER

Address \_\_\_\_\_  
Number and Street CITY PROVINCE POSTAL CODE

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
MONTH DAY YEAR

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Health Card Number \_\_\_\_\_

FATHER'S NAME: Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

MOTHER'S NAME: Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

FAMILY STATUS:  Married  Divorced  Separated  Sole Parent  
CUSTODY:  Mother  Father  Joint

In the event of an emergency, we will call parents first. However, if for some reason, we are unable to reach you, please provide us with another contact.

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**ALLERGIES:** Is your child allergic to any foods, medications, insects? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please state details \_\_\_\_\_

Does your child carry an epipen? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child require any medications while at camp? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", please state details \_\_\_\_\_

**SWIM QUALIFICATIONS:** Current Swim Level \_\_\_\_\_

Can the camper swim in deep water without assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there anything else in particular that we should know about your child? \_\_\_\_\_

Does your child have any physical restrictions? \_\_\_\_\_

**PAYMENT:** The fee is \$80.00 which includes all taxes, 3 meals, transportation and some special surprises.

Full payment by cheque made payable to "Camp Winnebago" is due with application form. We do not accept credit cards.

In case of emergency, should I/we not be immediately available for consultation, I/we hereby give permission to the camp physician to hospitalize, secure proper treatment for, and/or order and secure necessary related transportation, injections, anesthetics or surgery for my/our child. I desire my child to participate in the full camp program and all activities including horseback-riding unless I advise the camp otherwise in writing. I agree to release and indemnify Camp Winnebago Inc. from any and all claims for damages arising as a result of any accident, injury or otherwise, sustained by the aforementioned child due to participation in any camp activities. If for any reason my/our child requires medical attention or special medication beyond that furnished by the camp, I/we agree to be responsible for any expenses incurred.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_