



CAMP WEREDALE REGISTRATION 2026

Part 1: Basic Registration Information to be filled out for ALL campers, ALL ages.

NAME OF CAMPER: _____		Age: _____	Male: <input type="checkbox"/>
			Female: <input type="checkbox"/>
			Other: <input type="checkbox"/>
Date of birth: ____/____/____	First language: _____		
Day	Month	Year	

Please indicate which session(s)

Session 1 - June 22 to July 2 ☐

Session 2 - July 6 to July 16 ☐

Session 3 - July 20 to July 30 ☐

Session 4 - August 3 to August 13 ☐

Please note that we guarantee 2 sessions per camper. If you would like more than 2 sessions, please list them in order of preference

Parent(s):

Mother's Name: _____ Telephone: _____ - _____ - _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Father's Name: _____ Telephone: _____ - _____ - _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Guardian/Group Home (where applicable):

☐ Foster parent ☐ PFAP/Entrustment ☐ Group Home

Name: _____ Telephone: _____ - _____ - _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Social Worker (if applicable) Name: _____ Agency: _____

Email: _____ ☐ AM ☐ EO ☐ CLSC ☐ S4.2

Telephone No: _____ - _____ - _____ Extension No: _____

EMERGENCY CONTACT: Name: _____ Relation: _____ Tel: _____ - _____ - _____

Note – This contact must be someone not already listed on these forms



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Part 2: Everyone fills out with the Camper's Input

NAME OF CAMPER: _____

Date of Birth: ____/____/____ Age: _____ Male: ☐ Female: ☐ Other: _____
Day Month Year

Camper Profile

Please circle the answers to the following:

Do you like sports?	Yes	No	A LITTLE
Do you like to be outdoors?	Yes	No	A LITTLE
Do you like bugs?	Yes	No	A LITTLE
Do you enjoy physical activities?	Yes	No	A LITTLE
Do you enjoy water activities?	Yes	No	A LITTLE
Do you like helping others?	Yes	No	A LITTLE
Do you enjoy being a part of a team?	Yes	No	A LITTLE
Are you a strong swimmer?	Yes	No	A LITTLE
Do you like water sports, canoeing, kayaking?	Yes	No	A LITTLE
Are you nervous in the water?	Yes	No	A LITTLE
Do you like performing, and putting on a show?	Yes	No	A LITTLE
Do you like music?	Yes	No	A LITTLE
Do you like dancing?	Yes	No	A LITTLE
Do you like painting?	Yes	No	A LITTLE

Please indicate some of your favorite activities, interests or anything we should know:



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Part 3: Camper's Medical Record for ALL Campers

CAMPER'S NAME: _____ Telephone: _____-_____-_____

First and last name

Address: _____ City: _____ Province: _____ Postal Code: _____

Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____ Gender: _____
Day Month Year

RAMQ/OHIP card Number: _____ Expiry date: _____

MEDICAL HISTORY: Please circle to identify for each of the following:

Asthma	YES	NO	Frequent Colds	YES	NO	Heart Problems	YES	NO
Ear Infections	YES	NO	Bed Wetting*	YES	NO	Diabetes	YES	NO
Epilepsy	YES	NO	Eczema	YES	NO	Sleepwalking	YES	NO
Hay Fever	YES	NO	Eating Disorder	YES	NO	Concussions	YES	NO
Reaction to insect stings	YES	NO	If yes, please specify: _____					

*If your child is a bed wetter, please send a supply of Goodnights'/Pull Ups.

Date of most recent vaccinations (if date is unknown, indicate if they were vaccinated):

DCT (Tetanus): _____ Measles/Mumps/Rubella (MMR): _____

Does the camper have any allergies to (if YES, please specify and indicate its severity)

A) Food? NO YES: _____
B) Medications? NO YES: _____
C) Other? NO YES: _____

Regular Medication (if yes, name of drug, dose and frequency): **Please indicate if the medication is taken before, with or after meals. Please print out in a clear and concise manner. ****

Please ensure that sufficient medication is sent to cover the full duration of the camp session. Dosage and frequency should be clearly indicated. If medication changes, please notify us prior to the camp session.

This child is in good health, and able to participate in all camp activities: YES ☐ NO ☐

If NO, please specify limitations or conditions: _____

Does this child require special equipment? (glasses, hearing aids etc.): _____

Does this child have any dietary restrictions? (Vegetarian, no pork, etc.): _____

Permission authorized for over-the-counter medicines (circle)

YES NO

Print Name of Person who completed the above information

Date

Signature _____

Telephone Number _____

EVERY CAMPER MUST HAVE A MEDICARE/OHIP CARD TO BOARD THE BUS.



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Part 4 Specific Information about the Camper (confidential)

NAME OF CAMPER: _____

First and last name

How do they typically interact with peers? (e.g. friendly, shy, aggressive, avoids interaction)

How do they respond to authority figures?

How do they handle transitions or changes in routine?

Do they have any known triggers that may cause distress or outbursts? How do they typically express anger or frustration?

What strategies help the camper calm down when upset? Are there any specific phrases or approaches that work well when redirecting their behaviour?

IS THIS CAMPER ANXIOUS ABOUT: *please circle to indicate*

Insects

Loneliness

Being Alone

Taking Part in New Activities

Water

Darkness

Animals

Being in a Crowd

****If your child is sensitive to loud noises, please consider sending noise cancelling earphones****

If you answered YES to any of the above questions, please add more details: _____

Is this their first time at a sleep-away camp? Or first time away from home? _____

Other information you feel may be helpful: _____

Any restrictions in contacts? _____ Please specify: _____

Name of Care Giver who completed this: _____

Telephone number to reach you _____ Email address to reach you _____



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Part 5 Authorizations for ALL campers

Parent / Guardian is obligated to sign this form for your child.

NAME OF CAMPER: _____
First and last name

In case of an emergency and I, the parent cannot be reached, I do hereby authorize the management of Camp Weredale to act in my name in order to provide my child with the required medical and/or surgical care needed.

☐ YES ☐ NO

Camp Weredale dispenses non-prescription medication (over-the-counter-drugs) on a need basis. Do you permit your child to receive over-the-counter drugs such as acetaminophen, ibuprofen, anti-nauseates, antihistamine, anti-inflammatory, cough syrup, topical antibiotic, homeopathic products, etc.?

☐ YES ☐ NO

Camp Weredale might be taking photos of your child while at camp. These photos may be used exclusively by Camp Weredale for public relation such as the Camp Weredale Facebook page and website. Standard precautions of storage and access will be respected. Do you consent to these photos?

☐ YES ☐ NO

During the course of the summer, campers at Camp Weredale might leave the camp site for an activity. Do you give your child permission to attend?

☐ YES ☐ NO

***** If your child cannot attend camp, we will refund the total session cost, less a \$25.00 registration fee. *****

***** If your child attends part of a camp session and must leave on account of serious illness, partial refunds may be made to the parent, less registration fees, transportations fees and daily rates*****

I have read and accept the information provided by Camp Weredale and give my permission as identified above.

I will notify the camp if there is any change in the information contained in the registration forms after it is sent and the camper arrives at camp.

Camp Weredale provides an electronic free vacation to campers; cell phones and other electronic devices are not permitted.

Parents/Guardian Signature:

Date:

Relation to camper

Thank you for filling in the registration form with all the necessary information required.