



ADVENTURE VALLEY™ - SUMMER DAY CAMP
7015 Leslie Street
Thornhill, ON, L3T 6L6

www.adventurevalley.ca
905-731-CAMP(2267)

Camper Information Form

This form is to be completed for each camper in the family. Please attach a current photo of the camper.

Camper's First Name: _____ Last Name: _____

Male ☐ Female ☐ Date of Birth (Month/Day/Year): _____

Commonly Used Name: _____

Camp(s) Attended in Previous Summers: _____

School Grade: _____ Age as of July 1st of Upcoming Summer: _____

Camper's School: _____ School Location: _____

I would like my child in the same group as (same gender and school grade):

1) _____ 2) _____

While we will make a strong effort to fulfill all requests, we cannot guarantee any requests. Please ensure all requests are made by parents of both campers at the time of registration. All parties must be notified in the event of a negative request. We reserve the right to the final decision regarding group placements.

To provide optimal programming for your child, we ask you to fill out the following information regarding your child. Please feel free to attach a note with any additional information.

Personality, behavior, and interactions with other children:

Fears/Anxieties:

Challenges/Difficulties child may have had in the past or may experience in group settings (ie. bullying, extreme shyness):

Favourite Camp Activities? _____

Will your child require additional supervision above our usual staff ratio? ☐ Yes ☐ No
If so, please contact the camp prior to submitting your application.

Life threatening or severe allergies: _____

Camper's Doctor: _____ Doctor's Phone #: () _____

Health Card #: _____ Version Code: _____

If you have any concerns about your child in regard to any of the following areas, please elaborate on a separate sheet of paper:

Special Needs * Medical * Physical * Communication * Behavioral * Developmental * Psychosocial * ADHD * Eating