

# Camp White Pine SUNDERLAND



## Summer Camp Registration Form

*Please fill out all information and return with full payment before **June 1st, 2026***

Name: \_\_\_\_\_ Male/ Female (please circle)

Birth Date (yy/mm/dd): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Emergency contact's name and phone number (other than parent):

\_\_\_\_\_

Are you allergic to any substance or taking any medication? Do you have a medical condition we should be aware of? Are there any other needs we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All campers are to bring:

- **2 snacks and a lunch**
- **Comfortable shoes**
- **Hat**
- **Sun screen**
- **Water bottle**

Check ALL that apply:

- Session 1: July 6-10 (9am-3:30pm)
- Session 2: July 13-17 (9am-3:30pm)

Check ONE:

- I am personally mailing the camper fee (cheque) to Brooke de Boer.
- I am personally delivering the camper fee (cash) to Brooke de Boer.
- I am personally E-transferring the camper fee to Brooke de Boer.

\*\*\*Please make cheques payable to **Brooke de Boer**.\*\*\*

All reasonable precautions will be taken to ensure the safety of your child(ren) and prevent personal injury. However, incidents related to such activities may occur and cause injury, damage, or loss of property through no fault of On Camp White Pine. I therefore absolve Camp White Pine and all its employees and organizers are from all responsibility of personal injury, loss and damage. I have read and understood this waiver.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_