

Space for Office use only.

THIS FORM IS FOR ALL NEW CAMPERS CAMP WINNEBAGOE CAMPER'S APPLICATION FORM

Director: **Ilyse Lustig** Senior Directors: **Ben and Jill Lustig**

10 Dewbourne Avenue, Toronto M5P 1Z2 Telephone 416-780-0081

		D	ate		20
PLEASE PRINT CLEARLY					
Camper's Name	NAME	GIVEN N	ΔMFS	POPI	LARLY KNOWN AS
Address		OIV LIV IV	AIVILO	1010	LAILI MNOWN AO
STREET AN	ND NUMBER		CITY	PROV. OR STATE	POSTAL OR ZIP CODE
Date of Birth		0	Gender		
MONTH Health Card No					Grade Completed
Parent 1			arent 2		by Camp Time
Full Name:					
Occupation:					
Email:					
Parent 1 Cell:					
Home Tel:					
			_		
Is there a separation in the far If yes to either, who has custo				s there a divorce in	the family? □ No □ Yes
Will you require Camp Winne Name:					
Address		-			
STREET AN	ND NUMBER		CITY	PROV. OR STATE	POSTAL OR ZIP CODE
T-Shirt Size: Youth: S□ MI	□ L□ Adult	t: S 🗆 M 🗖	L 🗆 XL 🗆	This is my	Year at Winnebagoe
Are there any campers in particu					_
12					
Sometimes we are unable to place	ce campers exact	ly where they	want to be but	we do our best.	
I am applying for the following	period – (please o	check accordi	ngly) See the a	ttached Rates & Dates	Page for specific information
FULL SEASON □	JULY ONLY [□ A	UGUST ONLY [□ TWO W	IEEKS □
A deposit is required with each application. Plebefore November 1st, \$500.00 after January 1st. camp season. If there is a breach of camp policy	After February 1st, the ful	ll deposit is forfeited	oe. Deposit is refunda . There are no refund	able, less an administrative for some state of the state	ee of \$250.00 if application is withdraw <u>1</u> st or for-campers leaving early durin
If you have enrolled your child for a Full Season Waiting-List, and we are obligated to fill the Full we would be holding that spot for your child and We reserve the right to refuse enrollment or dism	Season spot rather than le I not allowing another can niss a Camper if it is in the	eaving one month vac nper to enroll for tha e best interest of the	cant. If you reduce you t period.	ır registered session length a	penalty of \$500.00 will be charged since
early. We also regret we cannot be responsible for I desire my child to participate in the full camp	,		k riding and outtrins	unless I advise the Camp oth	erwise in writing I agree to release and
indemnify Camp Winnebagoe Inc. from any and any camp activities. If for any reason my child re	all claims for damages ar	ising as a result of a	ny accident, injury or	otherwise sustained by the a	forenamed child due to participation ir
Medical History:	11 11 11	A A'O'		detected to the state of the st	1
Does your child have any med physical or emotional conditional con			or any other h	nistorical of medic	ai conditions (including
Disclosure: I	•		formation in	this application is	accurate and complete.
I understand that Camp Winne					
I AGREE TO PAY THE BALANCE (OF THE CAMP FE	E ACCORDING	TO THE PAYM	ENT SCHEDULE	

Parent's Signature _

CONFIDENTIAL INFORMATION ABOUT CAMPER

We are interested in providing the most beneficial summer for your child. In order to accomplish this, it is necessary to have as much information as possible about campers habits, likes and dislikes. Would you please give the following questions your careful attention and thereby assist us in helping your youngster and you.

What does the camper like doi	ng most? (games, hobbies, activitie	es, etc.)	
What activities does camper d	islike?		
What are campers special tales	nts?		
How well does camper swim?	non-swimmer 🛘 beginner 🗖 aver	age 🛘 above average 🗖	
How would you rate camper's	athletic ability? below average 🗖 a	average \square above average \square	
Are there any activities in whi	ch you would particularly like cam	per encouraged?	
Does camper associate with ot	hers? own age □ younger □ older	r □ is a "loner" □	
How does camper get along wi	th them? well 🗖 fair 🗖 has difficu	alty 🗖 Has camper many frie	ends?
How does camper respond to d	liscipline?		
Describe any problems you ma	ay be encountering. This information	on is an important guide to u	s
	er eating habits? picky 🗖 average		
			Occasionally?
Any physical handicap? Give of	letails		
Wear glasses?	Should camper wear them a	ll the time?	If "yes" please send along a spare pa
Are there any particular medic	cal or dental problems that will requ	uire attention by camper's co	ounselor? Give full details
			ogist or any professional in this field?
Any brothers?	What ages?	Any sisters?	What ages?
Is camper adopted?		Is camper aware of i	t?
If camper has been to camp be	fore, please state at what camps an	nd in what years.	
Name of Camp	Year Was th	nis a happy experience? If no	t, why not?
In what way do you think cam	p can best help your child?		