

CAMPER INFORMATION

SESSION: FULL CIT FIRST FIRST 2-WEEK SECOND SECOND 2-WEEK

_____ M / F _____
 Camper's Last Name Camper's First Name Prefers to be called Middle Initial circle DOB (mo/dy/yr) Age at Camp

_____ YL S M L XL
 School Attending Grade Completing Prior to Camp t-shirt size (circle)

_____ _____
 Number of years at Manitou excluding upcoming summer Previous Camp Attended Last Red Cross or Royal Life Swimming Level Completed Camper email

Please write any comments regarding your child that would be beneficial to ensure a positive camp experience. Additionally please list any medical issues or concerns. An extensive medical form will be sent in the spring allowing you to provide more details. If your child has had any difficulties at school or other camps please indicate below so we can contact you. It is essential we receive such information.

Has he/she had psychiatric treatment or have you ever consulted a psychologist or any counseling professional about your child?
 NO YES (please contact us by phone or letter with the details)

Please note this information is purely for the benefit of your child to allow them to have as positive an experience as possible. Withholding such information can compromise our ability to act in the best interests of your child and of other campers.

You may list two cabin mate preferences (we can not consider more) and we ask for your co-operation and faith in our ability to make the best possible cabin assignment on your child's behalf. While we do our very best, **there is no guarantee of a cabin placement.**

1st choice: _____ 2nd choice: _____
 First Choice 2nd Choice

**ATTACH
 RECENT
 PHOTO
 HERE**
 OR EMAIL TO
CAMP@MANITOU CAMP.COM

HEALTH INSURANCE

Health Insurance of some type is mandatory. For Non-Canadian residents, we will bill you for all medical costs so we must ensure you have health insurance. Canadian residents should provide a copy of their health insurance card; all other campers who reside outside of Canada should provide a photocopy of their insurance plan. If you do not have health coverage, please indicate below and we will arrange a camper health plan for you at an additional cost of \$30 per week. PLEASE PROVIDE A HEALTH CLAIM FORM!

PLEASE ATTACH PHOTOCOPY TO APPLICATION

Canadian Residents: Health Card #:

_____ - _____ - _____
 card number version code expiry date

U.S./International Residents: Name of Insurance Company and policy #:

Or I authorize you to purchase medical health insurance for my child.