



Camper Information Questionnaire

Any information provided on this form will be used to update your Town of Newmarket Xplor account

Camper Information

Camper Full Name:	
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Emergency Contact

Full Name:	
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Contact Number:	
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Relationship to Camper:	
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Camper Specifics

Does the participant have disability(ies) and/or accommodation(s), medical conditions, dietary restrictions or allergies you would like us to know about?	Yes:	No:	If yes, please explain:
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If the camper has an anaphylactic allergy that requires an auto-injector, please fill out a Consent for Administration Of Medication By Auto-Injector form.

If the camper requires medication during the camp day, please fill out a Consent for Self-Administration And Dispensing of Medication form.

These forms can be downloaded from www.newmarket.ca/camps, and will also be emailed to parents/guardians the Friday prior to the start of camp. Please bring your completed form(s) to the first day of camp. These forms only need to be filled out once for the entire summer!

Important - Read Before Acknowledging

I give permission for my child to sign themselves out at the end of the camp day. I hereby understand that by allowing my child to sign him/herself into and out of camp that staff supervision will not be provided and the Town of Newmarket is NOT responsible for him/her beyond their registered hours.	Yes:	No:
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I give my permission for the child listed above to have their picture taken for promotional purposes.	Yes:	No:
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I give permission for the Town of Newmarket to provide a freezie to the above mentioned child on Friday.	Yes:	No:
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Important - Read Before Signing

I hereby give the camper permission to participate in the events conducted by the Newmarket Recreation and Culture Department while participating in all registered camps.

I hereby release the Corporation of the Town of Newmarket from all claims for damage arising from participation of the named herein, during any camp or in any facility or at any location where a camp is held.

I hereby release and save harmless The Corporation of the Town of Newmarket and its employees and representatives from any and all claims and demands associated from my participation in Town of Newmarket camps, including negligence, breach of contract, mistakes or errors in judgment. This Release of Liability shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

Guardian Name:	
Signature: (Must be 18 years or older)	



Recreation & Culture

Town Of Newmarket, Recreation Youth Centre
56 Charles Street, Newmarket, ON L3Y 3V8

Phone: 905-953-5300 ext. 2825 or 2826 | www.newmarket.ca/camps