



**CAMPER APPLICATION FORM
SEPARATE APPLICATION FORMS
MUST BE FILLED OUT FOR EACH CAMPER**

CAMP COSTS / FINANCIAL ASSISTANCE

Although your ASO contributes to Camp as a whole, we require that each camper pay a minimum amount of \$20.00 to secure their spot. If you are unable to do this, you **MUST** contact the Snowy Owl AIDS Foundation to make alternate arrangements.

Due to space restrictions priority will be given to immediate family members

Primary CAMPER full name:

Are you a returning Camper? Yes No

If yes: Please note although you are a returning camper you are required to fill in all the pertinent fields as this is a new process the information in this form is crucial to your having a safe and fun experience at camp

If yes when did you last attend camp?

If **NO** tell us how you heard about Camp Snowy Owl? (i.e. ACO)

Being your first year at camp please tell us briefly why you would like to attend Camp Snowy Owl

Personal information

Date of Birth(yyyy-mm-dd) :

Address :

Street address / apt number :

City / province :

Postal Code :



Email :

Phone: Home:

Mobile:

Work:

Emergency contact name:

Relationship to camper:

Address :

Email :

Phone: Home:

Mobile:

Work:

MEDICAL INFORMATION

Health Card Number: Version code:

Drug Plan (ODSP, Trillium, other) Number:

Physician Name:

Physician Phone number:

Pharmacy Name:

Pharmacy Phone number:

Please circle the following

Meds: do you require medication Yes No

 If yes: Pharmacy print out must be submitted

The use of illegal substances is prohibited at Camp Snowy Owl

Alcohol is not permitted at Camp



Allergies Yes No

Meds Yes No

Plants Yes No

Insects Yes No

Asthma Yes No

If yes please ensure you have your medication (puffers, etc) with you at all times

Other Yes No

Do you require an Epipen Yes No

If yes please ensure you carry it with you at all times

List all allergies

Immunization:

Meningitis Yes No

Tetanus / polio Yes No

Hep A/B Yes No

DIETARY RESTRICTIONS

Vegetarian Yes No

Vegan Yes No

Diabetic Yes No

Lactose intolerant Yes No

Gluten intolerant Yes No

Celiac Yes No

Food allergies Yes No

If **Yes** List Specific food allergies:

Physical health; *I experience challenges with the following(select all that apply)*



- Balance / walking Energy / Stamina Breathing Sleeping
 Digestion Infections Other

Mobility Independant Some Assistance One on One

Assistance required Dressing Stairs Eating Indoors/Outdoors

I require additional assistance with

I require wheelchair accessibility Yes No

I can manage an upper bunk. Yes No

MISCELLANEOUS INFORMATION

I would like to be in the same room as:

(We will do our best to accommodate your room request, no guarantees)

T-shirt size

- Child S M L XL XXL XXXL
 Adult S M L XL XXL XXXL

TRANSPORTATION

Need a ride from Ottawa? Yes No

I will drive to camp Yes No



Comments: