



Additional Camper Information

Name of Camper: _____

Is there anything you would like us to be aware of so that we can improve our quality of care for your child? (i.e. fears, disabilities, accommodation needs, family situations, etc.)

Please state (if any) behavioural issues or aggressive behaviour your child may demonstrate.

List the Camper's Interests, Talents, Activities, and Hobbies:

What do you hope this camping experience will do for your child?