



Camp Week/Year _____

Power4Teens Registration Form

To be filled out by PARENT or GUARDIAN and emailed to Power4Teens

Please be thorough and conscientious in completing this form. The more we know about your child, the better camp experience we can provide.

Camp Sessions:

Week 1: July 2 nd – 5 th (4-Day Camp)	Week 6: August 6 th – 9 th (4-Day Camp)
Week 2: July 8 th – 12 th	Week 7: August 12 th – 16 th
Week 3: July 15 th – 19 th (Overnight)	Week 8: August 19 th – 23 rd
Week 4: July 22 nd – 26 th	Week 9: August 26 th – 30 th
Week 5: July 29 th – August 2 nd (Overnight)	

Camper Information:

Child's Full Name: _____

Age: _____ DOB (mm/dd/yyyy): _____ Male: _____ Female: _____

Child's Health Card Number: _____ Version Code: _____

Allergies (if applicable): _____

Will your child need to take any medication(s) while at camp? _____

Emergency Contact Information:

Parent #1 Information:

Name: _____

Address _____

City: _____ Prov: _____

Postal Code: _____

Phone (Primary): _____

Email: _____

Parent #2 Information:

Name: _____

Address _____

City: _____ Prov: _____

Postal Code: _____

Phone (Primary): _____

Email: _____

Is the camper living at home? _____ with both parents _____ Mother only _____ Father only
_____ with guardian _____ Other (specify) _____

Are there custody arrangements we should be aware of? _____

Do they have any siblings, relatives or friends attending P4T Camp? _____

Please advise names and if you would like them in the same group? _____



Camp Week/Year _____

Day Camp Only

Permission to walk home alone Yes No

Camper Profile:

Camper's attitude toward camp: Enthusiastic_____ Indifferent_____ Nervous_____

How many years has the camper been coming to P4T? _____

Physical Fitness: Excellent_____ Good_____ Fair_____ Poor_____

Adjusts to contemporaries: Very Easily_____ Easily_____ With Difficulty_____

Adapts to new situations: Very Easily_____ Easily_____ With Difficulty_____

Expresses self verbally? Very Easily_____ Easily_____ With Difficulty_____

Are there any issues or concerns you foresee for your child at camp?
eg. stress, friendships, non participation, burning with sun, being bullied, being aggressive, disappearing etc.

What is effective in helping him/her? _____

Any fears or dislikes? _____

Any physical challenges (e.g. Injuries, new diagnoses, disabilities)? _____

Swim Level: Non-swimmer_____ Beginner_____ Intermediate_____ Advanced_____

Is there anything else you wish to share with us about your child that will help us understand his/her?

(Please feel free to write on a separate sheet as necessary.)

Overnight Camp Only:

Will your child be taking any medications while at camp?

What are the camper's main household chores and responsibilities at home?

May the following over-the-counter medications be given to your child while we are at camp, if deemed necessary by the First-Aid Specialist?

Tylenol Benadryl Gravol Advil (Ibuprofen)

Does your child have any dietary needs? (e.g. gluten free, vegetarian, vegan, lactose free)

Will your child be apprehensive about being away from home? _____

Have they ever been homesick? _____

What is effective in helping him/her? _____

Any other comments: _____

Due to limited space on the bus, please pack lightly
We will send a kit list a few weeks before camp
Sleeping bags, sheets or pillows not required
Life jackets recommended although we have some on site



P4T is a technology sensitive zone and day campers will be asked to keep phones in their bags at all times. **There will be no electronics on overnight camp.** Contact can be made through Charlie & Olivia at all times.

Payment Information

Camp Week:	Rates:	Payment:
4-Day Camp Early Bird Rate - Before March 31 st	\$320+HST = \$361.60: <input type="checkbox"/>	Summer Camp: _____
4-Day Camp Regular Rate – April 1 st	\$340+HST = \$384.20: <input type="checkbox"/>	Before/after care _____
Day Camp Early Bird Rate - Before February 15 th	\$375+HST = \$423.75: <input type="checkbox"/>	Total: _____
Day Camp Regular Rate - February 16 th -March 31 st	\$400 +HST= \$452: <input type="checkbox"/>	
Day Camp Rate after April 1 st	\$425 +HST = \$480.25: <input type="checkbox"/>	
Overnight Early Bird before March 31 st	\$950 +HST= \$1,073.50: <input type="checkbox"/>	
Overnight Camp Regular Rate after April 1 st	\$1,100 +HST= \$1,243: <input type="checkbox"/>	
Before/after care 8:30am-5:30pm	\$69.57 = \$80: <input type="checkbox"/>	

To pay by credit card online please [click here](#)

To pay by email money transfer, please send to Charlie@power4teens.ca with password: power4teens

If you need to send a cheque, please mail it to:

Power4Teens
95 Mayfield Ave. Toronto, ONM6S 1K7

For all registrants:

I have read and agree to the **“ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE OF LIABILITY”** document found on our website.

For Day Camp Only:

I have read and agree to the **“DIVA DAY & PHOTO WAIVER** document found on our website.

Child’s Name: _____ Your e-mail address: _____