

CAMP JCC 2025

Camper Information Form*



*This is not a registration form. This form must be completed after you have registered online at mycalgaryjcc.com.

CHILD INFORMATION

FIRST NAME _____ SURNAME _____

DATE OF BIRTH (DD/MM/YY) _____ AGE _____ GRADE IN SEPTEMBER 2025 _____

PARENT 1 INFORMATION

FIRST NAME _____ SURNAME _____

CELL PHONE _____ HOME PHONE _____

EMAIL _____

PARENT 2 INFORMATION

FIRST NAME _____ SURNAME _____

CELL PHONE _____ HOME PHONE _____

EMAIL _____

EMERGENCY CONTACT - NON PARENT

Parents will be contacted first.

FIRST NAME _____ SURNAME _____

PHONE _____

MEDICAL INFORMATION

Does your child have any medical conditions or allergies that you would like to disclose to Camp JCC?



Will your child require the use of medication while at camp? (ie. inhalers/epipens)

AUTHORIZATIONS

Aside from the listed parents, are there any additional adults who are authorized to pick up your child from Camp?

FIELD TRIP POLICY

During the camp season, there may be scheduled field trips. A separate field trip waiver is required for your child to participate, and it must be completed before the camp season begins. You can find this waiver on our camp website (campjcc.ca) under the “Forms” tab. Parents will receive details about the scheduled field trips in the welcome email, which will include the weekly schedule. If you prefer that your child does not attend a specific field trip, we kindly ask that you keep them home for the day, as no alternative programming will be provided during those times.

PHOTO POLICY

Throughout the summer, photos and videos of campers are taken. These may be utilized by the Paperny Family JCC for marketing and promotional activities on our website and social media channels. If you do not wish for your child’s images to be used, please contact us at camp@cjcc.ca.



I hereby authorize Paperny Family JCC to administer / obtain emergency medical treatment and / or First Aid for my child if deemed necessary.

yes no

By checking the box, I give JCC staff my permission to apply sunscreen on my child in the event that they do not have their own.

DATE (DD/MM/YY) _____ SIGNATURE _____