



Kamp Kiwanis
241001 Range Road 42
Calgary, AB T3Z 2X5
Phone: 403-686-6325
Fax: 403-777-708

Students finishing Grade 4
July 31 - August 6 OR August 9 - 15 2016
Camper Nomination Form 2016
Students finishing Grade 4
Kamp Kiwanis Summer Program

Name: _____

M ☐ F ☐

Home Address: _____ Postal Code: _____
Apt# Street City

Email Address: _____ If applicable: Name of sibling also being nominated: _____
Grade of sibling being nominated: _____

Birthday: ____/____/____ School: _____ Has this child previously attended a camp? _____
Day Month Year Has this child previously attended Kamp Kiwanis? _____

PARENT/GUARDIAN(S):

Name: _____ Phone (H): _____ (B) _____

Name: _____ Phone (H): _____ (B) _____

CAMPER INFORMATION:

1. **Allergies:** ☐ None ☐ Peanuts ☐ Bee/Wasp ☐ Pollen ☐ Grass ☐ Nuts ☐ Pool Chlorine

☐ Other: Please Specify _____

2. **Medical/Behavioural:** ☐ None ☐ Eczema ☐ Epilepsy ☐ Asthma ☐ Diabetes ☐ ADHD/ADD ☐ Quick Temper

☐ Other: Please Specify: _____

3. Does this individual **take medication**: ☐ No ☐ Yes – Please Specify: _____

4. Does this individual have any physical impairments or conditions that may affect vigorous activity?
☐ No ☐ Yes – Please Specify: _____

5. Additional Medical comments: _____

6. **Reasons why this child would benefit from the summer experience** (Please use back of page for additional information): **(Please note this information is used to help select individuals to attend the program)**

Parent Signature _____

Nominator: _____ Contact Ph# _____ Contact fax: _____

Fax, mail or email completed nomination forms by May 13, 2016 Fax: 403-777-7108

If you are having trouble faxing please call 403-242-9255 Website: www.kampkiwanis.ca
Kamp Kiwanis, 241001 Range Rd 42, Calgary, AB T3Z 2X5 email: kamp.director@kampkiwanis.ca