Camp Liberté Society
1100 1 St SE, Suite #510, Calgary, Alberta T2G 1B1
Telephone / Fax: 403-910-2432
info@campliberte.ca / **campliberte.ca**

Registered Charity:
#85458 0461 RR0001

APPLICATION FORM

☐ ENNISMORE, ON (Ages 7-14)
☐ FREDERICTON, NB (Ages 7-14)
☐ ST. JOHNS, NL (Ages 7-14)
☐ LANAUDIÈRE, QC (Ages 7-12)
☐ BRAGG CREEK, AB (Ages 7-14)
☐ MISSION, BC (Ages 7-14)

Has the child attended camp in the past? ☐ **Yes** ☐ **No**

T- Shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth XL

Referred by: _____

CAMPER INFORMATION:

Child's Name: First: _____ Last: _____

Gender: ☐ Male ☐ Female Date of Birth (DD/MMYYYY): _____ Age: _____

Parent(s) Names: _____ ☐ Father ☐ Mother

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

BRIEF DESCRIPTION OF CHILD'S SKIN CONDITION:

1. Condition: _____
2. Extent of condition: _____ ☐ Generalized ☐ Limited
   If limited, what areas are affected? _____
3. (a) Severity of condition: ☐ Minimal ☐ Moderate ☐ Severe
   (b) What is the treatment for this condition?
   Skincare/hygiene: ☐ Yes ☐ No Special Dressings: ☐ Yes ☐ No
   Treatments? _____
   Oral medication? _____
   (c) Other medications: ☐ Yes (Specify) ☐ No
   _____
   _____
4. Additional medical considerations
   ☐ Asthma _____
   ☐ Allergies _____
   ☐ Other (Specify) _____