



Camp Liberté Society
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Registered Charity:
#85458 0461 RR0001

APPLICATION FORM

- ENNISMORE, ON (Ages 7-14) LANAUDIÈRE, QC (Ages 7-12)
 FREDERICTON, NB (Ages 7-14) BRAGG CREEK, AB (Ages 7-14)
 LAKE COUNTRY, BC (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/MM/YYYY): _____ 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) _____