



Summer Camp

Student (Camper's) Name _____ Age _____ School _____

Address _____ Postal Code: _____

Guardian's Name _____ Telephone Number: _____

Guardian's email _____ Relationship to camper _____

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

Siblings living in the same household that would like to attend camp: (Grades 1-8)

Sibling 1 Name: _____ Age: _____

Sibling 2 Name: _____ Age: _____

Sibling 3 Name: _____ Age: _____



Parent Authorization Form

Please print all information clearly

Name of Camper: _____ Today's Date _____

BF Summer Camp does not discriminate on the basis of race, color, sex, handicap, religion or national origin. BF Summer Camp reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

Parent/Guardian's Signature: I understand and accept these guidelines.

Parent/Guardian's Signature: _____

I give BF Summer Camps permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at BF Summer Camp and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred: _____

By signing below I agree to adhere to all the **Policies and Procedures*** set for by BF Summer Camp.

Parent/Guardian's Signature: _____

**Policies and Procedures will be emailed to families upon registering and after camp fees are paid.*



Camper Medical Form

Please print all information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program. Each Camper must fill out a separate form. Please fill out one of these forms for each sibling is applicable.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

Date of last physical _____

Date of last tetanus shot _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____



BF Summer Camp Fees & Schedule

Welcome to our amazing camp! This form needs to be filled out as part of the Registration package for your camper or campers. We require all forms to be filled out by June 1st, 2026. Please note that we will still be accepting applications for summer camp after that date but it will always be on a first come, first serve basis. Please note that full-time campers and siblings will gain priority.

Camp will run from July 6th to August 28th, 2026 (8 weeks)

Please select one of the options below:

Full summer

July 6-10

July 13-17

July 20-24

July 27-31

Aug 4-7

Aug 10-14

Aug 7-21

Aug 24-28

Please ensure that you **do not submit payment with your completed registration package. You will be asked to pay the fees in June and will be invoiced for the weeks you selected.*

*Payments for the **entire fee** to be made by e-transfer and emailed to: pay@AgoraPrep.com

There are **no deposits or enrollment fees.

***There will be **no makeups for missed days or refunds of any sort**.

Please read the statement below and confirm understanding and agreement:

I, _____, guardian of _____
understand the terms and conditions of BF Summer Camp fee schedule and agree to submit complete payment by e-transfer upon registering my child(ren).

Guardian's Name: _____

Guardian's Email: _____

Guardian's Signature: _____

Relationship to the camper(s): _____

Please submit entire package online at BadwiFoundation@AgoraPrep.com

Camper Questionnaire



Please reply to these questions to help us ensure you have an **AMAZING** time at **BF Summer Camp!**



1	What is your favourite television show or movie?	
2	What is your favourite animal?	
3	What is your favourite food?	
4	What is your favourite sport?	
5	What is your favourite activity?	
6	What makes you happy?	
7	What do you want to be when you grow up?	
8	Who is your favourite person and why?	
9	What do you want to learn more about?	
10	What do you want to do at summer camp?	

Thank you!
See you SOON!