



JOIN IN THIS FUN-FILLED CAMP JULY 5TH - 10TH, 2026

Application deadline: April 30th, 2026

Heroes' Camp is:

a fully-sponsored week at camp for children of our serving Military. Join us as we celebrate them and make a difference in the lives of those families making a difference for ours.

Spots Available: 32 for children aged 11 - 15, 16 guys and 16 girls, first-time campers only.

Please note that if more than 32 children apply, we will hold a lottery draw on May 18th. Families will be notified acceptance on May 20th.

REGISTRATION FORM

In order to assist us in the selection process please select all of the following that apply to your situation:

Has a parent who is a currently-serving member of the Canadian Armed Forces.
 Will be turning 16 years of age before June 30th, 2026.
 Has a parent who is currently away due to a deployment, course, or Imposed restriction
 Has a parent who has been or will be away within a 6-month timeframe period of the camp for deployment, course or imposed restriction.
 Has a parent who is a member of the reserve forces.
 Has a parent who is a retired member of the Canadian Forces.

Camper's Full Name _____ Male Female
 Mailing Address: _____
 City/Town: _____
 Province: _____ Postal Code _____
 Home Phone #: _____ Age _____
 Birth date (dd/mm/yy) ____/____/____

Parent's Cell (M) _____ (F) _____
 E-mail: _____
 Bus. Phone (M) _____ (F) _____
 Name of person authorized to take child home:

 Relationship to camper _____
 Roommate Requested (Both campers must request to be considered)

Parent(s) / Guardian(s) Name _____

PHOTOS OF MY CHILD (WITHOUT NAME) MAY BE USED IN PROMOTIONAL MATERIAL ON HEROES' WEBSITE, PRINT, & MULTI-MEDIA MATERIAL
YES NO

WHILE EVERY PRECAUTION IS TAKEN TO ENSURE THE WELFARE AND PROTECTION OF EACH CAMPER, CAMPING AND ITS ACTIVITIES ARE NOT RISK-FREE. I HEREBY RELEASE HEROES', ITS DIRECTOR, STAFF, EMPLOYEES, AND FACILITIES FROM ANY AND ALL LIABILITY IN THE EVENT OF ANY ACCIDENT OR MISFORTUNE THAT MAY OCCUR TO APPLICANT CAMPER. I ALSO HEREBY GRANT MY PERMISSION FOR THE APPLICANT CAMPER TO PARTICIPATE IN ALL CAMP ACTIVITIES. IN SIGNING THE REGISTRATION APPLICATION, THE PARENT OR GUARDIAN CERTIFIES THAT THE APPLICANT CAMPER IS AMENABLE TO NECESSARY DISCIPLINE. IN THE UNFORTUNATE EVENT OF AN IRRECONCILABLE BREACH OF CAMP RULES OR THREAT TO PERSONAL/PEER SAFETY, I WILL RETRIEVE MY CHILD OR ARRANGE FOR PICK-UP AT MY EXPENSE, IMMEDIATELY, DAY OR NIGHT AND NOT QUESTION THE DIRECTOR'S DISCRETION.

Signature of Parent or Guardian _____

Camper's t-shirt size: youth small youth medium youth large youth xlarge adult small adult medium adult large
 Watersports Program 1st choice: waterskiing wakeboarding *Every effort will be made to accommodate the camper's 1st choice.*
 Tubing Camper's Shoe Size: _____



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MEDICAL FORM

Camper's Full Name _____

OHIP Number _____

Emergency Contact _____

Contact Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

Please provide the following information to help us ensure the most beneficial camping experience for your child:

Please list any allergies (food, drugs, etc.) or conditions (asthma, seizures, communicable diseases, etc.) of which the director should be aware. (If your child is on a strict diet, please contact the office before arriving to discuss arrangements)

Please list any medication that will be required during camp.

May Tylenol be administered? YES NO May Advil be administered? YES NO

May Benadryl be administered? YES NO May Gravol be administered? YES NO

Date of last Tetanus shot _____

Child's Approximate Weight (used by the nurse to administer medications): Kgs _____ lbs _____

My child is a good swimmer YES NO Has taken swim lessons YES NO If YES, current Level _____

Please list any history of physical or mental health issues (past or present). This information will be used to ensure that we can meet your child's needs and have the necessary supports in place.

**NOTE: IF YOUR CHILD REQUIRES PRESCRIPTION MEDICATION WHILE AT CAMP, THE MEDICATION MUST BE BROUGHT IN THE ORIGINAL DISPENSING CONTAINER I.E. AS FILLED BY THE PHARMACY SHOWING THE NAME OF THE ORDERING PHYSICIAN, NAME OF DRUG, DOSE & FREQUENCY. OTHERWISE, THE CAMP NURSE IS NOT ABLE TO ASSIST IN ADMINISTRATION. IF YOUR CHILD IS REGULARLY ON RITALIN PLEASE CONTINUE THE DOSAGE THROUGHOUT THE CAMP. CAMPERS WILL BE CHECKED FOR HEAD LICE UPON ARRIVAL; ANY POSSIBILITY OF INFESTATION MAY RESULT IN THE CAMPER BEING SENT HOME AT THE DIRECTOR'S DISCRETION.

IN THE CASE OF ACCIDENT OR ILLNESS, THE PARENTS OR GUARDIANS OF THE CAMPER WILL BE RESPONSIBLE FOR THE COSTS OF MEDICAL PERSONNEL, AMBULANCE, HOSPITAL, OR OTHER MEDICAL SERVICES. I HEREBY GIVE THE CAMP DIRECTOR THE RIGHT TO ARRANGE FOR ANY SPECIAL SERVICES OR OTHER REQUIREMENTS NECESSARY IN THE BEST INTEREST OF THE CAMPER. THE CAMP DIRECTOR IS ALSO GIVEN THE RIGHT TO OBTAIN OR APPROVE ANY MEDICAL ATTENTION NECESSARY TO THE APPLICANT CAMPER'S WELFARE OR GOOD HEALTH. THE PARENT AGREES TO PAY FOR ALL SUCH SERVICES AS MAY BE REQUIRED.

Signature of Parent or Guardian

Tammy Snyder
Program Camp Director
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