



Student Information

Last Name

Middle Name

First Name

Gender Male Female Other:

Date of Birth / /
 YYYY MM DD

Email

Phone Number

Address

City/Province

Country

Postal Code

Nationality

First Language

Emergency Contact

Full Name

Email

Relationship

Phone Number

Legal Guardian Information

Full Name

Phone (Daytime)

Home Phone

Relationship

Phone (Mobile)

Email

Airport Transfer Service

Arrival date and Departure date must be on Sunday Arrival date and Departure date must be on Sunday.

Do you require transportation? **Yes, on arrival day** **Yes, on departure day** **No**

Arrival Date / /
 YYYY MM DD

Arrival Time

Airline

Flight Number

Flight Origin

*If connecting,
please add
connecting city*

Departure Date / /
 YYYY MM DD

Departure Time

Airline

Flight Number

Destination

*If connecting,
please add
connecting city*

For Agency Use Only


Agency Name

Agency Email

Agency Representative


Tamwood Representative

■ **Summer Camp Centre**

 **University of British Columbia** (Vancouver, BC)


Group _____ Program _____

Start Date YYYY / MM / DD # of Weeks _____ Accommodation _____

 **Simon Fraser University** (Vancouver, BC)


Group _____ Program _____

Start Date YYYY / MM / DD # of Weeks _____ Accommodation _____

 **University of Toronto Mississauga** (Toronto, ON)


Group _____ Program _____

Start Date YYYY / MM / DD # of Weeks _____ Accommodation _____

 **University of California** (Los Angeles, CA)

Group _____ Program _____

Start Date YYYY / MM / DD # of Weeks _____ Accommodation _____

 **Fordham University** (New York, NY)

Group _____ Program _____

Start Date YYYY / MM / DD # of Weeks _____ Accommodation _____

■ **Extra Accommodation Nights & Optional Services** Additional services and accommodation extensions cost extra, see fees [here](#).

Additional Residence Day (up to 2) # of extra nights BEFORE start date 1 2

Additional Homestay Day (up to 2) # of extra nights AFTER start date 1 2

Notarized Custodianship Letter

Off-Hour Transfer Fee 1-way

Unaccompanied Minor Service

* Start Dates: Please visit our website at <https://tamwood.com/admissions/#startdates> for the latest start dates.

■ Health Information

To Parents(s)/Guardians(s): Please follow the instructions below to complete the required health information. No students will be accepted into a Tamwood program until Tamwood has received this form. This form needs to be completed by a parent or legal guardian.

Allergies No Known Allergies This camper has allergies *(describe below, including reactions to each)*

Diet & Nutrition

Eats regular diet Vegan Lactose Intolerant
Vegetarian Gluten Intolerant Other *(please describe in detail)*

Can this camper live with pets? Yes No *(explain why)*

Physical Restrictions

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.

Immunization Record

Tamwood recommends that all campers be given Meningitis and Tetanus vaccinations before attending a junior camp. Please email your student's immunization record to Tamwood attention Camps Registrar and mark clearly the student's full name, program location, program dates and Tamwood student number if you have it.

<i>Immunization Type</i>	<i>Month/Year Taken</i>	<i>Immunization Type</i>	<i>Month/Year Taken</i>
Diphtheria, tetanus, pertussis (DTap)		Polio (IPV)	
Tetanus booster (dT) or (Tdap)		Haemophilus influenza type B (HIB)	
Mumps, measles, rubella (MMR)		Pneumococcal (PCV)	
Hepatitis B		Hepatitis A	
Varicella (Chicken pox)		Meningococcal meningitis (MCV4)	

Important

If your child has not been fully immunized, please sign: I understand and accept the risks to my child from not being fully immunized:

Signature of Custodial Parent/Guardian

Relationship

Date

YYYY

MM

DD

■ Health Information

Medication

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Any medication not listed here will not be allowed at Tamwood Camps. All medication must be locked in the Health Room for the duration of Camp. All Medication will be administered as are in these tables.

Non-Prescription Medicine

<i>Name of medication</i>	<i>Reason for taking</i>	<i>Amount / dose given</i>	<i>Frequency</i>	<i>Time of Day</i>
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Prescription Medicine

<i>Name of medication</i>	<i>Reason for taking</i>	<i>Amount / dose given</i>	<i>Frequency</i>	<i>Time of Day</i>
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The following non-prescription medication may be stocked at camp and are used on an as needed basis to manage illness and injury. Please tick those your child should **NOT** be given.

Acetaminophen (Tylenol)	Antacid for stomach pain	Generic cough drops
Calamine lotion	Ibuprofen (Advil, Motrin)	Aloe Gel for sun burn
Antihistamine (allergy medicine)	Laxatives for constipation (Ex-lax)	Lice shampoo or cream

General health history: Check "yes" or "no" for each statement and explain "yes" answers below.

Have problems with diarrhea?	<input type="radio"/> Yes	<input type="radio"/> No
Had pain during exercises?	<input type="radio"/> Yes	<input type="radio"/> No
Have recurrent/chronic illnesses?	<input type="radio"/> Yes	<input type="radio"/> No
Had a recent infectious disease?	<input type="radio"/> Yes	<input type="radio"/> No
Ever had back/joint problems?	<input type="radio"/> Yes	<input type="radio"/> No
Had asthma/shortness of breath?	<input type="radio"/> Yes	<input type="radio"/> No
Wear glasses and or contacts?	<input type="radio"/> Yes	<input type="radio"/> No
Often have headaches?	<input type="radio"/> Yes	<input type="radio"/> No

■ Health Information

General health history: Check “yes” or “no” for each statement and explain “yes” answers below.

- Had seizures? Yes No
- Had diabetes? Yes No
- Ever had surgery? Yes No
- Had a recent injury? Yes No
- Had fainting/dizziness? Yes No
- Ever been hospitalized? Yes No
- Have any skin problems? Yes No
- Menstrual cycle started (period) Yes No

Mental, emotional & social health: Check “yes” or “no” for each statement and explain “yes” answers below.

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
- Had a significant life event that continues to affect the camper’s life? (History of abuse, death of loved one, family change, adoption, foster care, new sibling, others) Yes No

*Tamwood Camps may contact you for additional information regarding Health Information.
I understand that my child application is not registered until reviewed and approved by the Tamwood Camps department.*

■ Parent’s Authorization

The health history is correct as far as i know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the physician selected by Tamwood to order X-rays, routine tests and treatment for the heath of my child, and in the event i cannot be reached in an emergency, I hereby give permission to the physician selected by Tamwood to hospitalize, secure proper treatment for and to order injection and or anesthesia and/or surgery for my child as named above.

Tamwood international College will arrange for private medical and liability insurance coverage for all students staying in residence or homestay under the age of 18 for the duration in Canada/the US. The coverage for private insurance starts the day the students arrive in Tamwood care with the Tamwood Camp Director listed as the students guardian for the duration of their stay. In the case of an emergency, the Director will make an effort to contact parents/guardians. I hereby give permission to a member of the Tamwood Camp Staff to be the guardian/signatory for students to obtain any medical testing and prescribe treatment for the health of my child. I authorize Tamwood Camp Staff to review my child’s medical records before and after treatment while in Tamwood’s Care and allow medical service providers to release the child’s medical records to Tamwood international and Tamwood Camp staff.

Parent’s First Name _____ Parent’s Last Name _____

Date _____ / _____ / _____ Relationship _____
YYYY MM DD

Confirmed Authorization

Additional comments

■ Signature Section

I have read and understood all of the above and I agree to all these terms and conditions.

Parent's Name _____ Yes, I accept _____ Date _____ / _____ / _____
YYYY MM DD

I understand that any changes to the registration may be a subject to the Course Change Fee as per the pricelist.

Parent's Name _____ Yes, I accept _____ Date _____ / _____ / _____
YYYY MM DD

Please email this completed form to Tamwood Camps at registrar@tamwood.com