



TAMWOOD
CAMPS

Program & Optional Services Form

International Camps

Student Information

As it appears on passport.

Last Name

First Name

Gender ☐ Male ☐ Female ☐ Other:

Date of Birth / /
YYYY MM DD

Nationality

Mother Tongue

Passport #

Phone Number

Email

Group ID

OPTIONAL

Country

Address

City

Province

Postal Code

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Email

Emergency Contact Relationship

Agency

Contact Person

Agent Email

Parent / Guardian Information

Preferably from both parents / guardians

Parent / Guardian 1

Parent / Guardian 2

Full Name

Date of Birth

Home Address

Phone Number

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, arrival** **Yes, departure** **No, arrival** **No, departure**

Arrival Date / / Departure Date / /
YYYY MM DD

Arrival Time

Departure Time

Airline

Airline

Flight Number

Flight Number

Flight Origin

Destination

*If connecting,
please add
connecting city
(in case the flight is
operated by a different
airline or there is a layover)*

*If connecting,
please add
connecting city
(in case the flight is
operated by a different
airline or there is a layover)*



■ **Summer Camp Centre**

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



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 Toronto St. George Downtown Campus (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



University of San Francisco (San Francisco, CA)

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](#).

Notarized Custodianship Letter	Off-Hour Transfer Fee:	Unaccompanied Minor Service (UMS):
Additional Residence Day: (up to 3)	for Arrival	for Arrival
	for Departure	for Departure
# of extra nights BEFORE start date <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	# of extra nights AFTER start date <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	

■ 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.

Does the student have any medical concerns? ☐ No ☐ Yes (Please specify below)

Does the student have any allergies? ☐ No Known Allergies ☐ This camper has allergies (Please specify below)

For the safety of the camper, please be as detailed as possible in describing the allergies. Include any reactions, severity levels, required medication, or additional details if any.

Does the student have any dietary concerns? ☐ No ☐ Yes (Please specify below)

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.

Immunization Type	Month/Year Taken	Immunization Type	Month/Year Taken
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? | <input type="radio"/> Yes | <input type="radio"/> No |
| Had diabetes? | <input type="radio"/> Yes | <input type="radio"/> No |
| Ever had surgery? | <input type="radio"/> Yes | <input type="radio"/> No |
| Had a recent injury? | <input type="radio"/> Yes | <input type="radio"/> No |
| Had fainting/dizziness? | <input type="radio"/> Yes | <input type="radio"/> No |
| Ever been hospitalized? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have any skin problems? | <input type="radio"/> Yes | <input type="radio"/> No |
| Menstrual cycle started (period) | <input type="radio"/> Yes | <input type="radio"/> 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)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="radio"/> Yes | <input type="radio"/> No |
| During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="radio"/> Yes | <input type="radio"/> 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) | <input type="radio"/> Yes | <input type="radio"/> 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 health 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 / / DD
 YYYY MM DD

Relationship

Confirmed Authorization

Additional comments

■ Tamwood Camp Waiver and Release

1. Health and Medical Authorization

I confirm that the health history provided is accurate to the best of my knowledge, and I have provided all necessary medical information to Tamwood Camp. I grant permission for my child to participate in all prescribed camp activities. In case of an emergency where I cannot be reached, I authorize Tamwood Camp to arrange medical care, including hospitalization, treatment, and necessary procedures, as deemed appropriate by the selected physician. I acknowledge that Tamwood International College will provide private medical and liability insurance coverage for all campers under the age of 18 residing in Tamwood accommodations, effective from their arrival. I also authorize Tamwood Camp staff to access my child's medical records as necessary for treatment.

Signature of Parent / Guardian

Date

YYYY

MM

DD

2. Inclusion Policy Acknowledgment

I understand Tamwood Camp's Inclusion Policy, and I agree to support and uphold the camp's commitment to fostering a respectful, inclusive, and diverse environment. I acknowledge that my child and I are expected to respect and follow this policy to ensure safety of all the Tamwood Camp community.

3. Photo and Promotion Consent

I grant Tamwood Camp permission to take photos of my child and post these photos to the Tamwood Camp Parent App, allowing parents to access and view images from the camp experience. I understand that Tamwood may also use some of these photos for promotional purposes from time to time, showcasing the camp in newsletters, websites, and other official publications. I understand that I may notify Tamwood Camp in writing if I wish to opt out.

4. Camper Behavior Policy

I acknowledge that my child is required to adhere to Tamwood Camp's Behavior Policy, which emphasizes respect, responsibility, and cooperation. I understand that failure to comply with this policy may result in disciplinary actions, including possible dismissal from the camp program. Should my child be dismissed, I agree to make necessary arrangements for their departure from camp promptly upon notification.

5. Liability Limitation

I understand and agree that Tamwood Camp is not responsible for any personal items that my child brings to camp. My child is responsible for securing their personal belongings, and I acknowledge that Tamwood Camp is not liable for any loss, damage, or theft of personal items, including items lost during laundry service.

6. Acknowledgment of Risk

I acknowledge that Tamwood Camp provides a variety of outdoor and indoor activities, some of which may involve inherent risks. I accept these risks and consent to my child's participation in these activities, understanding that the camp takes reasonable precautions to ensure safety but cannot eliminate all potential risks.

By signing below, I acknowledge and agree to all terms outlined above.

Signature of Parent / Guardian

Date

YYYY

MM

DD

■ 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 camps@tamwood.com