



Completion and submission of this form does not guarantee that your child will attend Camp Got2Go. Application deadline is **May 1st, 2017**.

There is a maximum file size of 20MB for all attachments combined. In order to complete this application, you must upload three documents. Please ensure the total file size for these three documents combined does not exceed 20MB.

Camper Full Name

First Name Last Name

Camper Date of Birth

Month Day Year

Age at Camp

Grade going into Fall 2017

Camper Gender

Male
Female

Camp Location

Alberta
Nova Scotia

Can you provide transportation to and from camp?

Yes
No

What is the Camper's primary language?

What other languages is the Camper comfortable communicating in?

Camper's Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Camper's Home Phone

Area Code

Phone Number

Camper's Email

Parent/Legal Guardian Full Name

First Name Last Name

Relationship to Camper

Parent/Legal Guardian home Phone

Area Code

Phone Number

Parent/Legal Guardian cell Phone

Area Code

Phone Number

Parent/Legal Guardian Email (This will be the primary email used for communications)

Confirm Email Address

Parent/Legal Guardian Home Address (If different to Camper's)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Parent/Legal Guardian #2 Full Name

First Name Last Name

Relationship to Camper

Parent/Legal Guardian #2 Home Phone

Area Code

Phone Number

Parent/Legal Guardian #2 Cell Phone

Area Code

Phone Number

Parent/Legal Guardian #2 Email

Confirm Parent/Legal Guardian #2 Email

Parent/Legal Guardian #2 Address (if different than Camper's)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

In order to apply to Camp Got2Go, you must provide written proof of your child's Crohn's or colitis diagnosis, and approval from your child's Gastroenterologist/GI Nurse that your child is healthy enough to attend camp. We may contact your child's Medical Provider to confirm this information and request additional relevant information regarding your child's health. This information will be kept strictly confidential.

Camper's Gastroenterologist

Camper's GI Nurse

Hospital/Clinic Name

Office Phone Number

Area Code

Phone Number

Email

- Please scan and upload a signed and completed [Medical Authorization Form](#).

Has the Camper

Attended day camp before?

Attended overnight camp before?

Attended Camp Got2Go before?

How did you learn about Camp Got2Go?

Crohn's and Colitis Canada

Medical Provider's Office

Internet Search

Infusion Clinic

Media

What Prompted you to apply (your interest, your child's interest, something else?)

Please provide a brief summary (200 word maximum), in your **child's own words**, on why they would like to attend Camp Got2Go. They can talk about their experience with Crohn's or colitis, what they are most excited about, etc. Alternatively, encourage your child to create a short 30 second video which can then be shared with us. Please scan and upload your child's response below:

Please scan and upload a signed and completed [General Authorization Form](#).

As part of the Camp Got2Go program, photographs and videos of the campers may be taken. Crohn's and Colitis Canada is the sole owner of these materials. These materials may be used for the purpose of promoting the Camp Got2Go program, or for Crohn's and Colitis Canada's online and print materials in order to raise awareness of the organization and our cause.

Do you consent to having pictures and videos of your child taken at camp?

YES
NO

Do you consent to having your child's story shared by Crohn's and Colitis Canada for the purpose of promoting Camp Got2Go and raising awareness?

YES
NO

Having difficulties? Please contact us at info@campgot2go.ca and we will respond during regular office hours (Monday-Friday, 9am-5 pm EST).