



# Silver Lake Camp River Wild Questionnaire

To be completed by the parent and camper.

Camper first and last name: \_\_\_\_\_

We want to know anything about your camper that will better equip us to meet their needs and help them have a great experience at River Wild. This questionnaire will be shared with your campers counsellors, so be sure to include any details you'd like them to know. If you need more space please feel free to use the back or include more paper. Tell us anything you would like us to know, it helps us create a safe and fun trip!

**Please circle your answer or write in a short response.**

Is this the campers first time away from home? (Yes or No)

Have you slept in a tent before? (Yes or No)

Have you been in a canoe before? (Yes or No)

Where have you canoed? (Lakes. Rivers. Both)

Can you, or do you have experience in the stern of a canoe? (Yes or No)

Will you spend any time in a canoe between now and when River Wild starts? (Yes or No) \*encouraged\*

Do you know more than one canoe stroke? Please name the strokes you know and can use.

On a scale from 1 to 5 please rate your campers canoe experience.  
(1 being little to no experience and 5 being very comfortable and experienced).

1.....2.....3.....4.....5

Does your camper currently take swimming lessons? (Yes or No)

Has your camper taken swimming lessons in the past? (Yes or No)

What level of swimming lessons have they completed? \_\_\_\_\_

How would you characterize your campers swimming abilities?

(1 being little to no swimming experience and 5 being very comfortable and experienced swimmer).

1.....2.....3.....4.....5

Does your camper have any behavioural or socialization challenges we should be aware of? (i.e. peer difficulties, temper tantrums, sensitivity, shyness, bedwetting, sleepwalking, difficulty following instruction, cooperating in groups etc.)

If you have any questions or would like to chat about our River Wild program, please contact our Director Janelle Taylor slcdirectors@gmail.com.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to either:**

**(Before June 15<sup>th</sup>)**

Silver Lake Camp

94 Kildonan Cres.

Waterdown ON

L0R 2H5

[silverlakeadmin@gmail.com](mailto:silverlakeadmin@gmail.com)

**(After June 15<sup>th</sup>)**

Silver Lake Camp

94 Southline Ave

Kinloss, ON

N2Z 2X5

[silverlakeadmin@gmail.com](mailto:silverlakeadmin@gmail.com)