CALLING ALL CAMPERS!

Fun, excitement, new friends…these are a few things **Camp BUCKO** can offer to you! Plans are well under way for **Camp BUCKO 2026,** and we are trying to top 2025, which won't be easy! We invite all young burn survivors and previous campers to join us. Camp is scheduled for **Sunday August 16 – Saturday August 22, 2026.** We are very excited about another wonderful camp-week and we hope you will join the **Camp BUCKO Spirit**!

Our residential summer camp is intended to provide a fun-filled, adventure packed week for children between the ages of **7 & 17** who have sustained a burn injury which required 2 weeks or more of treatment by a physician / health care practitioner.

Special group activities allow all campers to come together in a supportive, fun-filled environment and learn there is more to who they are than just their scars. Whether your burn was 10 years or 6 months ago, you are welcome to attend **Camp BUCKO!**

Through the generous support of the firefighting community, service clubs, corporations and individuals throughout Ontario, **Camp BUCKO** is offered to our campers at no cost. We also provide transportation to and from camp to make it easier for each child to attend.

Camp BUCKO 2026 will be hosted by **Cedar Ridge Camp** near Bancroft, Ontario. This amazing facility will offer our campers such activities as: fishing, high ropes, horseback riding, archery, canoeing, swimming, climbing wall, kayaking….just to name a few! If you would like to learn more about **Cedar Ridge**, please visit their website at: **www.cedarridgecamp.ca**.

If you are interested in attending Camp BUCKO please complete all sections of the enclosed form and return it to us as soon as possible, this will hold a spot for you in August 2026.

If you are unsure if your child qualifies for **Camp BUCKO** or would like more information, please contact us at **647-343-2267 or 1-877-272-8256.** Please feel free to visit our website for any additional information: **www.campbucko.ca**.

We are really looking forward to seeing our **BUCKO** friends at camp this year in addition to making new ones. We need to hear from you promptly so we can continue with our planning! Spaces may be limited so please send your reply as soon as possible! **We will be ready to send out our full registration packages soon--so, watch the mail!**

CAMP BUCKO 2026…CALLING ALL CAMPERS!

We would like to invite you to join us at Camp BUCKO 2026, Sunday August 16th to Saturday August 22nd, and request that you return this completed form, as soon as possible.
If you are NEW to Camp BUCKO, we will require a copy of your camper's birth certificate or health card.
Please note this copy will be kept on file and will only be asked for on a "once only" basis.

NAME: _____BIRTH DATE: _____
Day/ Month/Year

STREET ADDRESS: _____

APT #_____ CITY: _____POSTAL CODE: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

_____

PARENT(S)/GUARDIAN(S) NAME: _____

PARENT(S)/GUARDIAN(S) HOME PHONE #: _____

PARENT(S)/GUARDIAN(S) CELL PHONE CELL #: _____

PARENT/GUARDIAN(S) WORK PHONE #: _____

PARENT(S)/ GUARDIAN(S) EMAIL ADDRESS: _____

CHILD'S EMAIL ADDRESS: _____

CURRENT DOCTOR'S NAME OR HEALTH CARE PROVIDER INCLUDING PHONE #S:

CAMPERS MUST BE BETWEEN THE AGES OF 7-17 AND RECEIVED 2 WEEKS OR MORE OF TREATMENT BY A PHYSICIAN / HEALTH CARE PRACTIONER IN ORDER FOR THEIR BURN INJURY TO HEAL
THERE IS NO FEE TO ATTEND CAMP BUCKO.

IF YOU ARE NEW TO CAMP BUCKO, PLEASE PROVIDE US WITH A BRIEF DESCRIPTION OF THE DATE OF THE ACCIDENT AND NATURE OF THE BURN INJURY

_____

PLEASE SIGN HERE TO ALLOW US TO CONTACT THE DOCTOR IF NEEDED
Your Actual signature is required please, not computer generated

(Parent / Guardian) _____

ALTERNATE EMERGENCY CONTACT PERSON
(IN CASE PRIMARY PARENT(S)/GUARDIAN(S) CANNOT BE REACHED)

NAME: _____

HOME PHONE #: _____ RELATIONSHIP: _____

CELL PHONE #: _____

WORK PHONE #: _____

ANY COMMENTS/QUESTIONS? _____

_____

HAVE YOU EVER BEEN TO CAMP BUCKO? YES ❑ NO ❑

WILL YOU BE BETWEEN THE AGE OF 7 AND 17 PRIOR TO AUGUST 16, 2026?
YES ❑ NO ❑

IF YOU WOULD YOU LIKE MORE INFORMATION ABOUT CAMP BUCKO
PLEASE CHECK OUT OUR WEBSITE **www.campbucko.ca**

PLEASE RETURN THIS FORM AND A COPY OF YOUR CAMPER'S BIRTH CERTIFICATE OR HEALTH CARD (NEW CAMPERS ONLY) AS SOON AS POSSIBLE
EMAILTO: info@campbucko.ca, OR MAIL TO:

CAMP BUCKO
265 Port Union Road, #15549
Toronto, ON M1C 4Z7

647-343-2267
1-877-272-8256

This application form will secure your campers' spot for camp in August!

Camp BUCKO requires information for the sole purpose of careful planning to ensure a successful camp experience for each camper. Records are kept and information secured as required and advised by the Personal Information Protection and Electronic Documents Act - PIPEDA.

Any falsified documents may cause your camper's application to be declined.

We are looking forward to seeing you at camp!!