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Vision St. Michael's At Madge – A year round refuge nestled in Duck Mountain Provincial Park, where sending out roots and spreading your wings is part of every camp adventure.

Winter Camp Registration Form

February 18-23, 2019

Ages 10-15 co-ed

Registration Deadline is February 2nd

Early Registration BEFORE January 19th 2019

Registration AFTER January 19th 2019

\$250.00

\$275.00

Camper Contact information

Name: _____ Boy Girl

Address: _____ City: _____ Province: _____

Postal Code: _____ Birth Date (Y/M/D) ____/____/____ Age: ____ Grade: _____

Parent/Guardian information

Name(s): _____ Email: _____

Telephone (#1): _____ Telephone (#2): _____

Emergency Contact Information (In case parent or guardian cannot be reached)

Name: _____ Phone Number: _____

Health Information

Health Card Number: _____

Family Doctor Name: _____ Phone number: _____

Allergies: _____

Medical requirements: _____

Dietary Concerns: _____

Does your child have needs, which will require particular attention during their week of camp? Please check: Physical Limitation__ Social or emotional difficulty __ Behavioural needs__

Please include a brief explanation _____

Although we cannot guarantee an allergen free environment, we will make every effort to accommodate children with severe allergies.

Medication Policy

All medication (except inhalers and epipens), must be submitted to the camp upon arrival at camp. Medication must be in the original bottle or packaging. St. Michael's staff administering medication are certified in Standard First Aid, but are not health care professionals. The nearest hospital is 30 minutes away by car. NO medication (including non-prescription) will be administered without verbal consent of a parent/guardian (along with written consent indicated below), unless under specific and individual order of a physician.

Conditions of Enrollment

- 1) I understand that the Camp Coordinator and St. Michael's Camp directors reserve the right to dismiss a camper who in their opinion is a hazard to the safety and right of others, or who appears to have rejected the reasonable controls of camp. If this occurs, the fee is non-refundable. The parents or guardians in this case shall provide transportation.
- 2) I give permission to St. Michael's Camp to use photographs/videos of the camper for promotional materials.
- 3) I attest that Provincial Health or equivalent medical insurance covers the camper.
- 4) I have read, understand and agree with the "Medication Policy"
- 5) I permit camp staff to administer other medication (ex. Pain relievers, cough/cold medication) if needed, as per my verbal instructions. I give permission for qualified staff to administer an EPIPEN if needed.
- 6) I understand that, except in the case of minor illness, all attempts will be made to contact me regarding medical decisions and treatment (including camper age 16 to 18 minus one day) of my child/ward. However I authorize camp staff to release the information on this form and Approve emergency medical attention including hospitalization, anesthesia, surgery or injection or medication for the camper (or myself, if adult participant) when order by professional medical staff.
- 7) I will notify the camp in writing if any change occurs in the camper's health within 7 day prior to attending camp.
- 8) I understand that some activities are held off the main St. Michael's Campsite. Camper walk or may be transported in vehicles to site. Camp transportation policy is available upon request.
- 9) I have read this registration form with the camper and understand the conditions of enrolment and the cancellation policy and I agree to be responsible for the payment of all fees due to the camp.
- 10) I certify that the information given in this form is complete and accrete to the best of my knowledge.
- 11) I understand that NO reimbursement will be made towards camp fees after Feb. 2nd 2019, unless extraordinary extenuating circumstances occur.

Initials Parent/Guardian _____ Initials Youth Camper _____

Important information

- In order to complete your child’s registration, please send this form along with full payment.
- For early bird discount, full balance must be received by January 19th 2019 otherwise; full non-discounted camp fee will apply.
- NSF cheques will result in a \$20 charge
- Cancellation Policy: We will refund on a pro-rated basis the camp fees of a camper who leaves camp early due to illness (doctor’s note may be required) or serious illness or death in the immediate family. Otherwise, the entire camp fee is non-refundable after February 2nd 2019. No refund will be issued for dismissal due to disciplinary action; this decision is made Camp Coordinator and St. Michael’s Camp directors.
- You may be eligible to receive funding to send your child to camp through generous sponsors, please inquire with the camp Director to fill out the application form for funding.

Payment/Fees

Cheque (payable to St. Michael’s Camp): _____

Money Order: _____

Cash: _____

Email Money Transfer: _____ E-Transfer Confirmation # _____

Camp Select (\$): _____

Canteen amount (\$): _____

Total Fee: _____

Note: This application cannot be processed without complete payment.

Liability Release & Parent/ Guardian Consent

I hereby waive, release and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in camp activities. This release is intended to discharge in advance St. Michael's Camp, its Board of Directors, officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. I agree to observe safety procedures and practices for camp activities at all times. It is understood that some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I give consent for _____ to participate in all camp activities, and I execute the above liability release on their behalf, if under 18 years.

Date: _____ Parent/Guardian (print): _____

Parent/Guardian signature): _____

Responsibility for Drop off and Pick up of campers under 18

I fully acknowledge that whoever is delivering my child(ren) to St. Michael's Camp MUST SIGN IN at registration upon arrival.

_____ I, parent of the camper, will be picking up my child(ren) from camp.

_____ I have made arrangements for someone other than myself to pick up my child(ren) from camp.

Name: _____ Cell # _____

Relationship to camper: _____ Phone# _____

Additional Comments: _____

Please scan and email this form to: register@stmichaelscamp.com

Or please mail to:

St. Michael's Camp
Box 128
Kamsack, Saskatchewan
S0A 1S0