



Select your Camp (Please check which day(s) you would like to attend)

Family Day Camp (9:30-4:30pm): \$ 100/day

Note: a minimum of one adult must accompany their children for the entire duration of camp.

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> July 9 | <input type="checkbox"/> July 16 |
| <input type="checkbox"/> July 10 | <input type="checkbox"/> July 17 |
| <input type="checkbox"/> July 11 | <input type="checkbox"/> July 18 |

Please bring – a hat, sunscreen/bug spray, water bottle, face mask, bathing suit, and towel. A bagged lunch and one snack will be provided.

Camper Contact information:

Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Name: _____	M ___ F ___ Adult ___ Child ___ Age ___
Address: _____ City/Province: _____ Postal Code: _____	

Family Faith Base: _____ Parish/Location: _____

Parent/Guardian information

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

Health Information

Health Card Number(s): _____

Family Doctor Name: _____ Phone number: _____



Allergies:

Medical Requirements:

Dietary Concerns/Restrictions:

Does your child(ren) have needs, which will require particular attention during their time at 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 and Release

All medication (except inhalers and EpiPen's), must be submitted to the camp upon arrival at camp. Medication must be in the original bottle or packaging. Camp 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.

I/we have provided the following medications and give consent for them to be dispensed at the request/need of my/our child: _____,

_____, _____,

_____.

In the event that **I/we are unavailable, I/we do hereby give consent** for all emergency medical care (including surgery, if deemed necessary and recommended by the attending physician(s) prescribed by a duly licensed physician for my child in the event of injury or illness during the above-named event/activity. This emergency medical care may be given under whatever conditions are deemed necessary, so as to preserve and protect life, limb, health and well-being of my child.

Media Release:

I/we understand that photos/videos will be taken during the event/activity/program and **I/we grant the Eparchy/ St. Michael's Camp or Parish mentioned above the following permissions** regarding any media taken by or for the organizers. **I/we further agree to release** the abovementioned, their photographer(s), offices, employees and designees from liability of any violation of personal or proprietary right **I/we** may have in connection with such use:

(Please initial the appropriate category, and approval or denial of name to appear with the media)

unlimited use of all media in which my child appears, in any manner including digital/ online use.

Or,

use of media, in which my child appears, restricted to print or for hard copy display. **And,**

- I/we authorize my child's name to be used in conjunction with media use above.
- I/we do not authorize my child's name to be used in conjunction with the media use above.

Conditions of Enrollment: (to be reviewed with Camper)

- 1) **I/we understand** that the Camp Director reserves 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 come to pick their child up at their own expense.
- 2) **I/we recognize** that **St. Michael's Camp** regards with the utmost importance the safety of my child and every precaution is taken to ensure the wellbeing of everyone at the camp. However, **I/we, there are certain risks and dangers inherent in camp activities. Further, having been adequately informed of the risks involved and I/we accept those risks.** I/we therefore release and agree to save **St. Michael's Camp and the Ukrainian Catholic Episcopal Corporation of Saskatchewan**, its directors and staff members from all liability in the event of an illness, accident or misfortune that may occur to my child as specifically noted above.
- 3) **I/we give permission** to **St. Michael's Camp/Eparchy of Saskatoon** to use photographs/videos as specifically noted.
- 4) **I/we attest** that Provincial Health or equivalent medical insurance covers the camper.
- 5) **I/we** have read, understood and agree with the "Medication Policy".
- 6) **I/we** permit camp staff to administer other medication (ex. Pain relievers, cough/cold medication) if needed, as per my above noted written/verbal instructions. I give permission for qualified staff to administer an EPIPEN if needed.
- 7) **I/we** 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 of medication for the camper (or myself, if adult participant) when ordered by professional medical staff.
- 8) **I/we** will notify the camp in writing if any change occurs in the camper's health within 7 day prior to attending camp.
- 9) **I/we** understand that some activities are held off the main **St. Michael's Campsite**.
- 10) **I/we** 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.
- 11) **The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and remains an on-going threat. I/we understand and accept the risk of the COVID-19 virus or other diseases campers may be exposed to while attending St. Michael's Camp, despite the precautions St. Michael's Camp has taken which were established in accordance with the local health authority directions and guidelines. Camper's participation in activities is voluntary and it is acknowledged that risks may include contraction or exposure to COVID-19 or any other contagious disease, and that any exposure or infection may result in personal injury, illness, disability or death.**
- 12) You may be eligible to receive funding to send your child to camp through generous sponsors, please inquire with **St. Michael's Camp** to fill out the application form for possible funding.

Initials: Parent/Guardian _____



Liability Release & Parent/Guardian Signature

In signing below, I/we hereby also acknowledge that:

1. I/we have read, understand the conditions of registration and affirm the
2. accuracy of the information given, to the best of my knowledge, and affirm the consents provided herein;
3. I/we have read through the forgoing with our child, as appropriate, and they understand their obligation to adhere to camp rules;
4. Sufficient information has been provided by the event coordinators with respect to the planned activities, duration, location, method of transportation/sleeping arrangements (if applicable), participants and supervision;
5. **I/we** understand that **I am/we are** welcome to attend or drop in at any time during the event/activity/program.

I/we 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 The Ukrainian Catholic Episcopal Corp of Sask., St. Michael's Camp, Parishes, 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/we 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/we** hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on **my/our** heirs and assignees. **I/we** give consent for my/our child to participate in all camp activities, and **I/we** execute the above liability release on their behalf, if under 18 years.

Name of Parent/Guardian <i>[Please Print]</i>	Signature of Parent/Guardian	Date (day/month/year)
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Payment/Fees

- | | |
|--|---|
| <input type="checkbox"/> Cheque (payable to): St. Michael's Camp | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Money Order (payable to): St. Michael's Camp | <input type="checkbox"/> E-Transfer (password: Camp2021); E-Transfer Confirmation # _____ |

All E-transfers are to be sent to: stmichaelscamp5@gmail.com

Total Fees: (\$) _____

Please submit form to: stmichaelscamp@sasktel.net or mail to *St. Michael's Camp, Box 128, Kamsack, Saskatchewan, S0A 1S0*