ST. MICHAEL'S YOUTH WINTER CAMP REGISTRATION FORM

2027 Co-ed Youth Winter Overnight Camp

Ages 8 – 14 (February 15-20, 2027): **$450/child**

Camper & Family Information:

Full Address:			
Faith Base:		Parish/Location	
Where did you hear about St. Michael's Camp? (Facebook, Friends, Family, Previous attendee)			

Camper Name(s)	Birthdate (YY/MM/DD)	Age	Grade	Gender	**[$25 Purchase]** St. Michael's long-sleeve shirt	
					[Optional] YES / NO	**[IF YES]** Shirt Size (Specify Youth or Adult sizes)

Parent/Guardian & Emergency Contact Information:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

E-mail 1: _____ E-mail 2: _____

Telephone 1 (main): _____ Telephone 2 (main): _____

Telephone 1 (alt): _____ Telephone 2 (alt): _____

Emergency Contact Person (in case parent/guardians cannot be reached):	**Emergency Contact Name:** _____ **Phone Number:** _____ **Relation to Camper:** _____

Health Information (Health Card, Allergies, Special Concerns):

Camper Name(s)	Health Card Number	Family Doctor	Doctor Phone	Allergies?	Extra Restrictions? (YES/NO)	
					Dietary?	Medical?

Extra Room for Notes for ALLERGIES, DIETARY RESTRICTIONS & MEDICAL REQUIREMENTS: _____

_____

Do any of your children have needs, which will require particular attention during their time at camp?
Please check any that may apply:

Physical Limitations: ☐ Social or Emotional Difficulty: ☐ Behavioural needs: ☐

Please include a brief description, noting which child(ren): _____

_____

_____

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.

Camper Name(s)	Medication(s) Being Sent with Camper

I/We have provided the above medication, and give consent for the medication to be dispensed at the request/need of **my/our** children.

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.

Responsibility for Drop off and Pick-up of Campers Under 18

I/we fully acknowledge that whoever is delivering my child(ren) to camp MUST SIGN IN at registration upon arrival.

Initial	Camper Pick-up & Drop-Off Plan (for all Campers <18 years old)
	I/We, parent(s)/guardian(s) of the camper(s), **will be picking up my child from camp.**
	I/We have arrangements for **someone other than myself/ourselves** to pick up my child from camp.

Contact: _____ Cell Phone #: _____ Relation to Camper: _____

Additional Comments: _____

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:

I/We **authorize** my child(ren)'s name(s) to be used in conjunction with the media use initialed below:		I/We **DO NOT authorize** my child(ren)'s name(s) to be used in conjunction with media use, initialed below:	
Name Use in Digital & Print "Full Use"	Initial	**No Name Use in Any Media**	Initial
unlimited use of all media in which my child appears, in any manner including digital/ online use		NO use of name in any media in which my child appears, in any manner, including digital/online/print use	

OR

Name Restricted to Hard Copy/Print	Initial
use of media, in which my child appears, restricted to print or for hard copy display**.**	

(Please initial the appropriate category, and APPROVAL or DENIAL of name use in media)

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 my child(ren) 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.

Parent/Guardian Initials (on behalf of camper): _____

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 accuracy of the information given, to the best of my knowledge, and affirm the consents provided herein;
2. I/we have read through the forgoing with our child, as appropriate, and they understand their obligation to adhere to camp rules;

3. 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;

4. **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 [Print]	Signature of Parent/Guardian	Date Signed (YY/MM/DD)

"Canteen" is available daily for each camper and is comprised of treats that campers can choose from (chips, soda, candy etc.). This is in addition to the camp fee.

Camp Registration Fees ($450/child)	
Canteen ($10/week per camper)	
[Additional Optional Costs]	
"St. Michaels" Long-Sleeve Shirt ($25/Each)	
Total Camp Fees	

Payment of Fees	
E-transfer	Send to: **camp@stmichaelscamp.com**
Cheque	Payable to: St. Michael's Camp

Please submit form to: camp@stmichaelscamp.com.

SUBMIT FORM

Once the registration form is received you will be emailed a confirmation of registration and a packing list.

See you at camp!