



St. John Bosco Wilderness Camp

People Experiencing People in God's Nature

2018 CAMPER REGISTRATION FORM

St. John Bosco Camp – Box 3002 – Saskatoon SK – S7K 3S9
Phone / Fax: 1-844-752-6726

****Form can also be filled out online at www.johnboscocamp.com/forms.html****

REGISTRATION INFORMATION

- Applications are accepted on a first-come, first-serve basis. Programs may be combined or cancelled if less than six campers are pre-registered three weeks prior to the start date. ****Note: All programs may not be offered at each camp session****
- Each program has an age requirement and possibly a skills prerequisite. Juniors **must** be 8 years old and ALE campers **must** be 15 years old prior to camp start date. For other groups, birthdays must occur during the summer for a camper to be considered for placement in the next higher age group. Skills equivalency for SJBWC programs can be determined by contacting the office.
- Incomplete forms will delay the processing of the application. Include any special requests or needs of your child.
- An annual membership of \$10 **per family** over and above the camp fee is required. If registering more than one child in the same family, indicate the name of the family member that is paying the membership. St John Bosco Camp Association is incorporated under the Non-Profits Corporation Act and is a registered charity. Camp's operation is overseen by a volunteer Board of Directors elected from the Membership. Anyone may become a member. Tax receipts are issued for personal donations (minimum \$30).
- To register complete the form and send it along with fees in full or a \$100.00 deposit and \$10 membership. Balance of Camping fees must be paid in full at least two weeks prior to camp start date. Prices include a \$50 non-refundable administration fee
- To qualify for early bird rates, forms must be completed and returned with family membership of \$10.00 and fees paid in full by the early bird deadline. Early registration will be decided by postmark on envelope or when online payment is received. SJBWC is not responsible for lost or delayed mail.
- Canteen money can be paid at camp on opening day, however pre-paying it will speed the opening day registration process. Canteen is open daily for approximately 1/2 hour and includes items such as chips, chocolate bars, pop, ice cream, candy, hoodies, t-shirts, throat lozenges, etc.
- Transportation to and from camp is the parent's responsibility; however, we do offer a bus service from Saskatoon via Prince Albert. If you wish to use the bus service for your child, please complete the "Bus to Bosco" portion and include an additional \$180.00 return (\$90 for one way). A minimum of 8 campers is required for this service to be available. Complete information will be included in your confirmation package.
- There will be a \$25 service charge for any returned cheques.
- Refunds will not be given for any cancellation made 7 days or less prior to the start of your child's camping session.
- No fee reduction for arriving late or leaving early.
- A confirmation package will be sent to you. It will include your receipt, a list of what to bring, map, details of opening and closing day, etc. For safety and comfort reasons, please adhere to the "what to bring" list as closely as possible.
- Late payments will be subject to interest charges of 2% per month (26.82% per year)

FEES

Early Bird Prices are in effect until **April 30, 2018**.

To qualify for reduced rates, fees must be **paid in full** by this date.

PROGRAM	EARLY	FULL RATE	PROGRAM	EARLY	FULL RATE
Junior	\$360.00	\$390.00	C.O.T.S.	\$620.00	\$650.00
Intermediate	\$490.00	\$520.00	W.O.T.S.	\$590.00	\$620.00
Wilderness Skills	\$565.00	\$595.00	A.L.E.	\$1200.00	\$1250.00

AMOUNT DUE:

I would like to have my receipts and confirmation package emailed to me: Yes No

Camper Fees \$ _____

Bus To and From Bosco (add \$180) \$ _____

Annual Membership (add \$10 per family) \$ _____

Additional Fees (3rd Party/dietary, etc) \$ _____

Canteen Deposit \$ _____

Charitable Donation to Camp \$ _____

I am paying by:

Cheque

Money Order

Please send PayPal invoice to my email address

TOTAL FEES \$ _____

Bus to and From Bosco: Pick-up / Drop-off Location: Saskatoon Prince Albert

****Note: For Junior campers, bus is only offered "home" from camp for a cost of \$90****

If camp fees are to be paid by a third party, please provide us with the following information.

Send Invoice to: Name Address

Phone Number Email address

Payments from Third Party must be received at least 14 days prior to camp start date. Note: There will be an additional \$25 administration fee for this service.

CAMPER INFORMATION

CAMPER'S NAME	<input type="checkbox"/> MALE	GRADE	BIRTHDATE
ADDRESS	<input type="checkbox"/> FEMALE	(spring 2018)	YY M D
CITY, PROVINCE, POSTAL CODE			
PARENT / GUARDIAN #1 (name receipts will be issued in)	HOME PH	CELL PH	
ADDRESS (if same as above, indicate same)	EMAIL		
PARENT / GUARDIAN #2	HOME PH	CELL PH	
ADDRESS (if same as above, indicate same)	EMAIL		
EMERGENCY CONTACT (other than parent/guardian)	RELATIONSHIP TO CAMPER		
PHONE	CELL PH	EMAIL	

<u>Programs</u>	<u>Ages</u>	<u>1st Camp</u>	<u>2nd Camp</u>	<u>3rd Camp</u>
6 day Camp		July 12 - 18	July 26 - Aug 1	August 12 - 18
Junior	8-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 day Camp		July 8 - 18	July 22 - Aug 1	August 8 - 18
Intermediate	10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilderness Skills (WS)	13-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoe Out-tripping Skills (COTS)	14-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilderness Out-tripping Skills (WOTS)	14-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 day Camp		<u>A.L.E. - July 8 - Aug 1</u>		
Adventure Leadership Experience (ALE)	15-17	<input type="checkbox"/>		A second group may be added if we receive enough registrations to fill two ALE groups. Final decision by May 31/17

Note: Senior Campers, if we are unable to accommodate the camp/group you request, please indicate a second preference

Years at Bosco: 2017 2016 2015 2014 2013 2012 2011 2010 2009 New Camper

How did you hear about camp? Church Social Media Friend School Website Other:

Camp T-shirt FREE: ***If size is not indicated,, your child will receive an adult medium***

Youth - L Youth - XL Adult - S Adult - M Adult - L Adult - XL Adult - XXL

We want your child to have a great summer! In order to achieve this, it is important to have answers to the following information. If additional information needs to be provided, please attach a separate sheet.

SOCIAL

Does your child easily make friends with:
 Younger Same Age Older
 Eager to attend camp
 Urged by parents to go

EATING HABITS

Light Average Hearty Fussy
 Dietary Restrictions: *Please indicate*

.....
 Note: A \$5 per day fee may apply for special dietary requirements.

FAMILY

Camper primarily resides with:
 Both Parents Mother Father Guardian
 Basic changes in family relationships within the last year:
 Birth Marriage Death Divorce

CHARACTERISTICS

Shy with others his/her age Happy
 Shy with adults Sensitive
 Makes friends easily Aggressive
 Easy going Indifferent
 Temperamental Energetic
 Nervous Emotional
 Clumsy or awkward Well coordinated

OTHER

Bedwetting Nightmares Sleepwalking
 Phobias? If yes, please explain:

.....
 Is there anyone who should NOT be contacting / picking up your child at camp?

CONFIDENTIAL MEDICAL RECORD

Staffing does not enable us to provide for all special circumstances. We reserve the right to refuse campers whose medical or supervisory care is beyond our ability. Personal information will be kept confidential and utilized for purposes related to the operation of St John Bosco Camp. *Please answer every question in each section.*

Family Physician: Telephone

Prov Health Card #: Blue Cross #: Other Insurance Co. #:

In an effort to make your child's stay enjoyable, a small supply of over-the-counter medications is kept on hand to treat minor health problems. Medication is only given after an assessment by the First Aid Personnel. Please review the following list of medications and indicate which you will permit the first aid personnel to administer:

- | | | |
|---|--|---|
| <input type="checkbox"/> Acetaminophen (ie: Tylenol) | <input type="checkbox"/> Oral Decongestant (ie: Benadryl) | <input type="checkbox"/> Antipholgistine (ie: A535 Rub) |
| <input type="checkbox"/> Ibuprofen (ie: Advil) | <input type="checkbox"/> Cold & cough hot beverage (ie: NeoCitran) | <input type="checkbox"/> Burn Treatment (ie: Lanacane) |
| <input type="checkbox"/> Cough suppressant (ie: Buckley's) | <input type="checkbox"/> Laxative | <input type="checkbox"/> Eye Drops (ie: Visine) |
| <input type="checkbox"/> Anti-diarrheal | <input type="checkbox"/> Antacids (ie: Tums, Rolaids) | <input type="checkbox"/> Ear Drops (ie: Auralgan) |
| <input type="checkbox"/> Antihistamine (ie: Claritin, Aeries) | <input type="checkbox"/> Pepto Bismol | |
| <input type="checkbox"/> Dimenhydrinate (ie: Gravol) | <input type="checkbox"/> Antibacterial ointment (ie: Polysporin) | |

Are there any medications that your child cannot tolerate? If yes, please indicate: Yes No

.....

*****Note: Aspirin, or products containing aspirin, will not be given to children. If your child is to receive medication containing aspirin, please bring it with you and include a note from your physician.*****

Allergies (include allergies to medicine, foods, insect bites/stings) NONE

Allergy	Severity	Symptoms	Treatment & Medication Required

Current Medications (including psychiatric medication, over-the-counter medication, inhalers) NONE

Medication	Taken For	Dosage	Date Started	Current Side Effects

*****ALL MEDICATIONS MUST BE CLEARLY MARKED, IN ORIGINAL PACKAGING AND HANDED TO FIRST AID PERSONNEL UPON ARRIVAL AT CAMP*****

Date of last medical checkup: Date of last tetanus shot:

Has your child been immunized? Yes No

Are your child's immunizations up to date? Yes No Date of last booster:

Has your child recently been in contact with any contagious diseases? Yes No

If yes, which diseases and when?

Has your child been hospitalized or received ER/Urgent Care within the past year that would affect their experience at camp?

Yes No If yes, please describe:

Has medication recently been discontinued? Yes No

If yes, please identify the medication and the illness it was prescribed for and the reason for discontinuance.

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For Females: has she menstruated? Yes No If no, has she been told about it? Yes No

MEDICAL / PHYSICAL CONDITIONS

Please check which conditions apply. If yes, please explain.

- | | | |
|---|---|---|
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Prosthetic device(s) |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diagnosed Learning Disability |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Use of Tobacco / Smoker |
| <input type="checkbox"/> Heart Diseases | <input type="checkbox"/> FAS / FASD | <input type="checkbox"/> Neck/Back/Shoulder/Knee/Ankle or other joint problem |
| <input type="checkbox"/> Cardiac Conditions | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Other medical issues / illnesses / symptoms / requirements |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy | |

PERSONAL HISTORY

Does your child currently struggle with or have a history of:

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Divorce | <input type="checkbox"/> Maintenance of Medication | <input type="checkbox"/> Other |

If yes, in the last two years has your child been in counselling with a psychiatrist, psychologist, social worker, prescribing physician or other therapist? Yes No

Please arrange for a release of information with the therapist and/or prescribing physician so we may contact them if we require further information for the screening process. Have you done so? Yes No

Name of most current therapist Telephone

Name of prescribing physician Telephone

Any limitations which will affect ability to participate in activities such as physical, cognitive or learning disabilities:

In main camp? Yes No While out tripping – overnight for several days and nights? Yes No

History of any of the following that may put themselves, other campers or camp staff in any sort of harm? *(If yes, please explain on separate piece of paper)*

History of: violence bullying emotional abuse physical abuse

PARENTAL CONFIRMATION

SIGNATURE OF PARENT / GUARDIAN REQUIRED

DESCRIPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION (please initial each blank)

In consideration of the St. John Bosco Wilderness Camp (the “Camp”) permitting my child to participate in their camp, I/we agree to use the facilities and participate in programs in compliance with all rules, regulations and policies as they may exist and change from time to time and I agree as follows:

- _____ I recognize, acknowledge, and am aware that participation in the Camp’s program carries risk of personal injury. I understand that my child will partake in a number of outdoor/indoor recreation activities. My child is physically prepared to take part in these activities.
- _____ I recognize, acknowledge, and am aware that participation in the Camp’s program carries risk of damage to personal property. I understand that my child will partake in a number of outdoor/indoor recreation activities that may result in damage to personal belongings in my child’s possession.
- _____ I hereby release and discharge the Camp, its officers, agents employees, volunteers, sponsors and their respective heirs, executors, administrators, successors or assigns (collectively known as the “Releases”) from any and all claim, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my child’s person or property however caused, arising in any way connected with my child’s participation in the Camp’s program.
- _____ I further hereby undertake to hold and save harmless and agree to indemnify the Releases from any and all Liability (including legal fees) incurred by any or all of them arising as a result of, or in any way connected with my child’s participation in the Camp’s program.

I hereby authorize the St John Bosco Camp Association and / or its employees to obtain such medical services as they deem are required in regards to the camper named above. I hereby give permission to the physician selected by the Camp Manager to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child/ward as named. I agree to pay any charges not covered by my medical plan (i.e. medications, ambulance, etc.)

I grant permission to allow my child to be transported by bus, public transportation or on foot to the program site or destination.

I understand that camp programming involves outdoor adventure activities and are satisfied with the precautions being taken for the health, welfare and safety of my child (or ward).

I understand that my child’s photo or video may be taken for use in camp promotional material including use in printed material, internet and social media. I waive the right to inspect or approve the photo or video.

I have read and approved the attached Description of Risk, Release of Liability, Waiver of Claims and Indemnification and, by allowing my child to attend camp, I provide my acceptance of and agreement to same and hereby agree to this camping experience.

Form completed by (please print): Relationship:

Signature: Date:

I would like to be more involved with St John Bosco Camp. Yes No
As a volunteer Yes No Maybe As a Board Member Yes No Maybe

INVITATION: The Board of Directors would like to extend an invitation to join us at the Bosco camp site on Zeden Lake for May long weekend. We will be assisting staff with cleaning and set up of camp. Jobs vary from washing dishes, walls and windows to setting up tents and moving fallen trees. This is a great opportunity to work alongside your family as part of the Bosco Work Crew. Camping space and meals will be provided. We ask that you let us know in advance of your arrival and how long you will be staying.

I will come help on May long weekend Yes No # of ppl _____