



St. John Bosco Wilderness Camp

People Experiencing People in God's Nature

2024 CAMPER REGISTRATION FORM

Mailing Address: PO Box 3002 – Saskatoon SK – S7K 3S9
 Phone / Fax: 1-844-752-6726 Email: info@johnboscocamp.com

Form can also be filled out online at <https://johnboscocamp.com/summer-programs/forms>

REGISTRATION INFORMATION

- Registrations are accepted on a first-come, first-serve basis. All registrations are manually reviewed by the office to ensure the selected programs are suitable for your child. You will be contacted if we have any questions about your registration.
- A confirmation package will be emailed to you once fees are paid in full to confirm your child's placement. It will include your receipt, a list of what to bring, map, details of opening day and closing day, and more.
- Programs may be combined or cancelled if less than six campers are pre-registered three weeks prior to the start date. We will contact you as soon as possible if we need to make any program changes that impact your child.
- **Your child's spot is not reserved until camp fees are fully paid, or a \$100 deposit is paid per child.** If paying a deposit, the full balance of camper fees must be paid at least two weeks prior to the camp start date. Payment must be received by April 30 to qualify for early bird discount.
- **Early Bird Discount:** A discount will be automatically applied to all registrations received prior to April 30. To qualify, forms must be completed and returned with fees paid in full by the early bird deadline. Early registration will be decided by postmark on envelope or when online payment is received.
- **Cancellation Policy:** Prices include a \$100 non-refundable administration fee (GST included) in the event of cancellation. Refunds will not be given for any cancellation made **14 days or less** prior to the start of your child's camping session. There is no fee reduction for arriving late or leaving early.
- **Late Payment Policy:** Late payments will be subject to interest charges of 2% per month (26.82% per year). \$25 service charge for returned cheques. Overpayments on balances will be converted to donations.
- **Family Membership:** St. John Bosco Camp Association is incorporated under the Non-Profits Corporation Act and is a registered charity. Anyone may become a member and an active membership is required to register your child for camp. An annual membership fee of \$10 will be added to your registration. This membership fee only needs to be paid once per family if you are registering multiple people. Tax receipts are issued for personal donations (minimum \$30).
- 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 more information about our summer programs, please visit our website: johnboscocamp.com/summer-programs. Skills equivalency for programs can be determined by contacting the office.
- Transportation to and from camp is the parent's responsibility, however, we do offer an optional bus service from Saskatoon via Prince Albert for an added fee. If you wish to use the bus service for your child, please indicate on your registration. Complete information will be included in your confirmation package.
- During camp, we operate a concession stand for campers known as canteen. An assortment of drinks, chips, candies and ice cream are available for your child to purchase during camp. A canteen account will be opened and credited with the amount of money you specify here. As your child purchases items, their purchases are subtracted from their canteen deposit. Any money not spent by the end of camp will be refunded on closing day.

FEES

Early Bird Prices are in effect until **April 30, 2024**

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

PROGRAM	EARLY+GST	FULL RATE+GST	PROGRAM	EARLY+GST	FULL RATE+GST
Juniors	\$465.00 + 23.25 = \$488.25	\$495.00 + 24.75 = \$519.75	W.O.T.S.	\$765.00 + 38.25 = \$803.25	\$795.00 + 39.75 = \$834.75
Intermediate	\$675.00 + 33.75 = \$708.75	\$705.00 + 35.25 = \$740.25	C.O.T.S.	\$860.00 + 43.00 = \$903.00	\$890.00 + 44.50 = \$934.50
Wilderness Skills	\$765.00 + 38.25 = \$803.25	\$795.00 + 39.75 = \$834.75	A.L.E.	\$1700.00 + 85.00 = \$1785.00	\$1750.00 + 87.50 = \$1837.50
			Adult Canoe	No early rate	\$720.00 + 36.00 = \$756.00
Bus to Bosco (one way)	\$110.00 + 5.50 = \$115.50		Bus to Bosco (both ways)	\$220.00 + 11.00 = \$231.00	

GST Taxable Fees

Program Fees	\$ _____
Additional Fees (dietary, etc)	\$ _____
Bus (add \$110 per direction)	\$ _____
Subtotal Taxable Fees	\$ _____
BN 11897 4849 RT0001 + GST @ 5%	\$ _____
Total Fees	\$ _____

Other Amounts

Annual Membership	\$ _____
(add \$10 per family)	\$ _____
Canteen Deposit	\$ _____
Charitable Donation to Camp	\$ _____
Tax receipts are issued for personal donations (minimum \$30)	
Total Fees Forward	\$ _____

TOTAL AMOUNT DUE: \$ _____

I am paying by: Cheque Money Order E-Transfer to payments@johnboscocamp.com Invoice 3rd Party (see below)

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

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

****Note: Bus not available for adult programs. For Junior campers, bus is only offered "home" from camp for a cost of \$110.00 + GST****

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.

CAMPER INFORMATION

CAMPER'S NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> GENDER FLUID <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> TRANS <input type="checkbox"/> TWO-SPIRIT <input type="checkbox"/> OTHER		
ADDRESS (Street – City – Province – Postal Code)	PRONOUNS	AGE: _____ (July 1, 2024)	DATE OF BIRTH YYYY M D
PARENT / GUARDIAN #1 (name receipts will be issued in)	CELL PH	OTHER PH	
ADDRESS (if same as above, indicate same)	EMAIL		
PARENT / GUARDIAN #2	CELL PH	OTHER PH	
ADDRESS (if same as above, indicate same)	EMAIL		
EMERGENCY CONTACT (other than parent/guardian)		RELATIONSHIP TO CAMPER	
CELL PH	OTHER PH	EMAIL	

<u>Programs</u>	<u>Ages</u>	<u>1st Camp</u>	<u>2nd Camp</u>	<u>3rd Camp</u>
6 day Camp		July 14 - 20	July 28 – Aug 3	August 11 - 17
Junior	8-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 day Camp		July 10 - 20	July 24 – Aug 3	August 7 - 17
Intermediate	10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilderness Skills (WS)	12-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilderness Out-tripping Skills (WOTS)	13-16	<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"/>
24 day Camp		<u>A.L.E. - July 24 – Aug 17</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
Adult Programs		Aug 19 - 25		
Canoeing Trip	18+	<input type="checkbox"/>		

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

Years at Bosco: 2023 2022 2021 ~~2020~~ 2019 2018 2017 2016 2015 New Camper

How did you hear about camp? Returning Camper Family Friend Church School Bosco Website Search Engine
 Facebook Instagram Trade Shows Other:

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

Youth – M 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

Is your child:

Eager to attend camp Urged by parents to go

Easily makes friends with children who are:

Younger Same Age Older

FAMILY

Camper primarily resides with:

Both Parents Mother Father Guardian

Basic changes in family relationships within the last year:

Birth Marriage Death Divorce

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

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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

EATING HABITS

Light Average Hearty Fussy

Dietary Restrictions: *Please indicate*

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

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 Wilderness Camp. *Please answer every question in each section.*

Prov Health Card #: Expiry Date: Other Private Insurance #:

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 camp staff. Please review the following list of medications and indicate which you will permit camp staff to administer:

- Acetaminophen (ie: Tylenol)
- Burn Treatment (ie: Lanacane)
- Eye Drops (ie: Visine)
- Antacids (ie: Tums)
- Calamine Lotion
- Ibuprofen (ie: Advil)
- Anti-diarrheal
- Cold & cough hot beverage (ie: NeoCitran)
- Ibuprofen Cold & Sinus
- Antibacterial ointment (ie: Polysporin)
- Cough suppressant (ie: Buckley's)
- Laxative
- Antihistamine (ie: Benadryl)
- Dimenhydrinate (ie: Gravol)
- Pepto Bismo
- Ear Drops (ie: Auralgan)

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

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

Allergy	Severity	Symptoms	Treatment & Medication Required

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

Medication / Treatment	Taken For	Dosage	Date Started	Current Side Effects

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

Does your child regularly take any medications that will not be taken at camp OR has your child recently discontinued taking medication? Yes No

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

Height: Weight: Date of last medical checkup:

Date of last tetanus shot: Does your child smoke, vape or use tobacco? Yes No

If applicable: Has your child menstruated? Yes No If no, has your child been told about it? Yes No

Has your child been hospitalized or received Urgent Care within the past year that would affect their experience at camp?
 Yes No If yes, please describe:

Does your child have any limitations which will affect their ability to participate in camp activities, such as physical, cognitive, or learning disabilities? Yes No

Will your child require any special assistance while at main camp, or while out-tripping overnight? Yes No

If yes to last 2 questions, please explain and list any special accommodations that should be made on a separate sheet of paper.

HEALTH HISTORY

Has your child experienced or is currently experiencing any of the following conditions? If yes, please explain.

- ADD Concussion Nightmares
 Asthma/Inhaler Diabetes Seizure Disorder
 Bedwetting Fears / Phobias Sleepwalking
 Behavioural Issues Fetal Alcohol Syndrome Other medical issues / illnesses (explain below)
 Blackouts/Fainting Home Sickness
 Bowel Issues Mental Health Concerns

PERSONAL HISTORY

Does your child currently struggle with or have a history of: (if yes, please explain on an attached sheet)

- Depression Eating Disorder Substance Abuse Suicide
 Family Issues Divorce Maintenance of Medication Other

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 an attached sheet)

- History of: violence bullying emotional abuse physical abuse

Are there any health concerns you would like to discuss with the camp staff before sending your child to camp? Yes No
If yes, please explain:

Please list any other medical information the camp should have about your child on an attached sheet if required.

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 Camp and / or its employees to obtain such medical services as they deem are required in regards to the camper named on this registration. 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 contacted for opportunities to be more involved with St John Bosco Wilderness Camp:

- As a volunteer Yes No As a Board Member Yes No

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.

Do you plan to come help during the May long work weekend? Yes No