



# St. John Bosco Wilderness Camp

*People Experiencing People in God's Nature*

## 2026 CAMPER REGISTRATION FORM

Mailing Address: PO Box 3002 – Saskatoon SK – S7K 3S9

Phone / Fax: 1-844-752-6726 Email: [info@johnboscocamp.com](mailto: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 \$200 deposit is paid per child.** If paying a deposit, the full balance of camper fees must be paid at least 28 days 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 April 30th. Early registration will be decided by postmark on the envelope or when online payment is received.
- **Cancellation Policy:** Prices include a \$200 non-refundable administration fee (GST included) in the event of cancellation. Refunds will not be given for any cancellation made **28 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 July 1, 2026. For more information about our summer programs, please visit our website: [johnboscocamp.com/summer-programs](http://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, 2026**

To qualify for reduced rates, fees must be **paid in full** by April 30, 2026.

PROGRAM	EARLY+GST	FULL RATE+GST	PROGRAM	EARLY+GST	FULL RATE+GST
Juniors	\$495.00 + 24.75 = \$519.75	\$545.00 + 27.25 = \$572.25	W.O.T.S.	\$870.00 + 43.50 = \$913.50	\$920.00 + 46.00 = \$966.00
Intermediate	\$765.00 + 38.25 = \$803.25	\$815.00 + 40.75 = \$855.75	C.O.T.S.	\$980.00 + 49.00 = \$1,029.00	\$1,030.00 + 51.50 = \$1,081.50
Wilderness Skills	\$870.00 + 43.50 = \$913.50	\$920.00 + 46.00 = \$966.00	A.L.E.	\$2,040.00 + 102.00 = \$2,142.00	\$2,090.00 + 104.50 = \$2,194.50
Bus to Bosco (one way)	\$120.00 + 6.00 = \$126.00		Adult Canoe	No early rate	\$780.00 + 39.00 = \$819.00
Bus to Bosco (both ways)	\$240.00 + 12.00 = \$252.00				

Program Fee \$ \_\_\_\_\_  
 Annual Membership (add \$10 per family) \$ \_\_\_\_\_  
 Additional Fees (dietary, etc) \$5.00/day \$ \_\_\_\_\_  
 Bus (add \$126.00 per direction) \$ \_\_\_\_\_  
 Canteen Deposit \$ \_\_\_\_\_

Charitable Donation to Camp \$ \_\_\_\_\_ Tax receipts are issued for donations \$30 and over

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

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

**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 \$120.00 + 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, 2026)	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	

Programs	Ages	1 <sup>st</sup> Camp	2 <sup>nd</sup> Camp	3 <sup>rd</sup> Camp
<b>6 day Camp</b> Junior	8-10	<b>July 12 - 18</b> <input type="checkbox"/>	<b>July 26 - Aug 1</b> <input type="checkbox"/>	<b>August 9 - 15</b> <input type="checkbox"/>
<b>10 day Camp</b> Intermediate	10-12	<b>July 8 - 18</b> <input type="checkbox"/>	<b>July 22 - Aug 1</b> <input type="checkbox"/>	<b>August 5 - 15</b> <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"/>
<b>24 day Camp</b> Adventure Leadership Experience (ALE)	15-17	<b>A.L.E. - July 22 - Aug 15</b> <input type="checkbox"/> Limited to 10 campers. Register Early!		A second group may be added if we receive enough registrations to fill two ALE groups. Final decision by May 31
<b>Adult Programs</b> Canoeing Trip	18+	<b>Aug 17 - 23</b> <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:     2025     2024     2023     2022     2021     ~~2020~~     2019     2018     2017     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

**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

**FAMILY**

Camper primarily resides with:

- Both Parents     Mother     Father     Guardian

Changes in family relationships within the last year that might impact your camper while at camp

- Birth     Marriage     Death     Divorce     \_\_\_\_\_

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

.....

**EATING HABITS**

- Light    Average    Hearty    Fussy

Dietary Restrictions: *Please indicate*

.....  
 .....

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:***

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

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

.....  
 .....

**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 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.

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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: .....

When your camper is under stress or unhappy do they ever hide or remove themselves from their adult or group  Yes  No

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