



# REGISTRATION FORM 2018 Summer Camps

**\*\*Nous offrons également des camps d'été en Français. Veuillez consulter notre site Web pour télécharger le formulaire en Français.**

**\*\*\*PLEASE FILL ONE FORM PER CAMPER\*\*\***

**\*\*REGISTER ONLINE! WWW.STMALOCAMPS.NET\*\***

## PART 1 – Select your camp and options

WEEK-LONG CAMPS – in St. Malo, for 8 to 17 year olds (please check the desired camp)			
Age Groups	Camp Dates (please check)	Registration Fees	Activity
8 to 12 year olds	<input type="checkbox"/> ENGLISH: July 8 <sup>th</sup> to 13 <sup>th</sup>	<b>BEFORE May 31<sup>st</sup>:</b> 1 <sup>st</sup> child**: \$250 2 <sup>nd</sup> child**: \$200 3 <sup>rd</sup> child**: \$190 Additional \$10 discount per additional child **  <b>AFTER May 31<sup>st</sup>:</b> 1 <sup>st</sup> child**: \$300 2 <sup>nd</sup> child**: \$250 3 <sup>rd</sup> child**: \$240  Additional \$10 discount per additional child **  **Children of same immediate family	<b>Great news!</b> Every camper will have a chance to take part in each of our three (3) activity sessions!  -canoeing, -archery, and -mountain biking  <b>**Supplemental activities will also be offered for campers who do not wish to partake in the above-listed activities.</b>
	<input type="checkbox"/> FRENCH: July 15 <sup>th</sup> to 20 <sup>th</sup>		
12 to 15 year olds	<input type="checkbox"/> ENGLISH: July 22 <sup>nd</sup> to 27 <sup>th</sup>		
	<input type="checkbox"/> FRENCH: July 29 <sup>th</sup> to Aug. 3 <sup>rd</sup>		
<b>revive retreat</b> <i>Bilingual retreat for 15 to 17 year olds</i>	<input type="checkbox"/> August 5 <sup>th</sup> to 10 <sup>th</sup> <b>(bilingual retreat)</b>		

**SCHEDULE:** Camper arrival is at 7:00 PM on Sunday, and departure will be on FRIDAY AT 5:00 PM. ALL ARE INVITED to our closing mass every Friday at 4:00 PM at the Saint-Malo church.

**TRANSPORTATION SERVICE (LIMITED SPACE AVAILABLE, BOOK QUICKLY)**

The vehicle will depart Sunday at 6:00 PM at the St. Emile church parking lot (556 St. Anne's Road, Winnipeg). Camper drop off will occur at the same place on Friday at 6:30 PM.

**We are requesting transportation from (please check):**

Winnipeg to St. Malo (\$12.50)       St. Malo to Winnipeg (\$12.50)

**MERCHANDISE**

Brand new 2018-design hoodies and sweat pants will be available for purchase at the sign in table and at the end of the camp! Hoodies will sell for \$40 and sweats will sell for \$25. These make for a great souvenir from a week at camps!

DAY CAMPS – in St. Malo, for 5 to 7 year olds (two days)							
Camp Date (please check)	Registration Fee	SCHEDULE	TRANSPORTATION				
<table border="0"> <tr> <td>ENGLISH</td> <td>FRENCH</td> </tr> <tr> <td><input type="checkbox"/> July 23<sup>rd</sup> and 24<sup>th</sup></td> <td><input type="checkbox"/> July 25<sup>th</sup> and 26<sup>th</sup></td> </tr> </table>	ENGLISH	FRENCH	<input type="checkbox"/> July 23 <sup>rd</sup> and 24 <sup>th</sup>	<input type="checkbox"/> July 25 <sup>th</sup> and 26 <sup>th</sup>	\$50 per camper	Daily camper arrival: 9:00AM. Departure: 5:00PM.  This camp will be held in Saint-Malo.  Pick up and drop off will be daily at the St-Malo Church.	\$20 (for both days) PICK UP: 8 AM DROP OFF: 6 PM LOCATION: St. Emile Parish, 556 St. Anne's Rd.  <b>****Please check here to request transportation.</b> <input type="checkbox"/>  **Car seats must be provided by parents if needed.
ENGLISH	FRENCH						
<input type="checkbox"/> July 23 <sup>rd</sup> and 24 <sup>th</sup>	<input type="checkbox"/> July 25 <sup>th</sup> and 26 <sup>th</sup>						

## PART 2 – Contact Information

**CAMPER CONTACT INFORMATION**

Name : \_\_\_\_\_  Boy  Girl

Address : \_\_\_\_\_ City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Birth Date (y/m/d): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on June 30<sup>th</sup>, 2018: \_\_\_\_\_

E-mail: \_\_\_\_\_ T-shirt:  Large (child)  Small  Medium  Large  X-Large

Manitoba Health Reg. # (6 numbers): \_\_\_\_\_ PHIN # (9 numbers): \_\_\_\_\_

**PARENT/LEGAL GUARDIAN CONTACT INFORMATION**

Name(s) : \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**EMERGENCY CONTACT INFORMARION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate number: \_\_\_\_\_ Emergency contact's link to camper: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

In order to help us in our promotional efforts, could you share with us where you heard about our camps?

\_\_\_\_\_

# PART 3 – Health Information

Allergy(ies) : \_\_\_\_\_

Medication(s) and Dosage(s): \_\_\_\_\_

Does your child have needs, which will require particular attention during their week of camps? Please check:

Physical disability or limitation  Social or emotional difficulty  Behavioural needs

\*\*\*\* If YES to any of the above, please include a brief explanation on a separate page\*\*\*\*

Does the camper need one on one support? \*\*\*\* Yes  No

\*\*\*\*IF SO: It is the responsibility of the parent/guardian to arrange for a support worker if needed (ex. older sibling, cousin, respite worker, nurse, etc.) It is the policy of St. Malo Catholic Camps to charge 50% of the camp fee for room and board of a support worker. Families who require assistance in making such arrangements may contact our offices.

**Medication Policy:** All medication (except inhalers and EPIPENS), as well as any modifications to the "Camper Health Information" form MUST be submitted to the camp Health Care Officer upon arrival at camp. Medication must be in its original bottle or packaging. The Health Care Officer and staff administering medication are certified in Standard First Aid, but are not health care professionals. The nearest hospital is less than 15 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 orders of a physician.

## PART 4 – Conditions of enrolment \*\*please read carefully, some items have changed\*\*

- 1- I understand that the SMCC Camp Director and Executive Director of the Catholic School of Evangelization reserve the right to dismiss a camper who, in their opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp program. If this occurs, the registration fee is non-refundable. In the event that a camper is sent home, the camper's parents, guardians or sponsoring agency will be immediately required to pick up the camper at their expense.
- 2- I give permission to the Catholic School of Evangelization and to the St. Malo Catholic Camps to use photographs/videos of my registered child(ren) in future promotional materials.
- 3- I understand that some activities are held away from the main St. Malo Catholic Camp site. Campers walk or may be transported in vehicles to off-site activities. Camp transportation policy is available upon request.
- 4- I state that (if the camper is younger than 18 years old) I, the parent/guardian submitting this application, have legal custody over the registered child. Conditions of custody, if applicable, must be fully communicated in writing to the camp during or prior to camper registration.
- 5- I recognize that the St. Malo Catholic Camps regards with the utmost importance the safety of my child and every precaution is taken to ensure the well being of everyone at the camp. I therefore release the CSE, the St. Malo Catholic Camps, its directors, staff members and volunteers from any and all liability in the event of an illness, accident or misfortune that may occur to my child.
- 6- I attest that my child is covered by Provincial Health Insurance or equivalent medical insurance.
- 7- I have read, understand and agree with the "Medication Policy" (listed above in Part 3 of this registration).
- 8- I recognize that the St. Malo Catholic Camps abide by the *Freedom of Information and Protection of Privacy Act*. Camper personal information will only be shared with camp staff and volunteers directly involved with the camper, on a need to know basis. Exceptions will only be made for compelling health or safety reasons.
- 9- I permit camp staff to administer other medication (ex. pain relievers, cough/cold medications) if needed, as per my verbal and written instructions. I give permission for qualified staff to administer an EPIPEN if needed.
- 10- I understand that, except in the case of minor illness requiring prescription or over-the-counter medications which I have already approved, all attempts will be made to contact me regarding medical decisions and treatment (including campers aged 16 to 18 minus one day) of my child/ward. However, if in an emergency situation, I authorize camp staff to release the information on this form to healthcare professionals and to approve emergency medical attention including hospitalization, anesthesia, surgery or injections or prescription medication for the camper (or myself, if adult participant) when ordered by professional medical staff.
- 11- I will notify the camp in writing if any change occurs in the camper's health within seven (7) days prior to attending camp.
- 12- I have read this registration form, filled it out with the most up-to-date information, 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.
- 13- I certify that the information given in this form is complete and accurate to the best of my knowledge.
- 14- **Cancellation Policy:** We will refund on a pro-rated basis the camp fees of a camper who leaves camp early due to illness (doctor's note may be required) or serious illness or death in the immediate family. Otherwise, the entire camp fee is **non-refundable after June 15th, 2018**. No refund will be issued for dismissal due to disciplinary action, late arrival or early dismissal/departure. Cancellation within first 24 hours of receipt of this registration will be eligible for full reimbursement.
- 15- A late pickup fee may be charged if camper is not picked up within 30 minutes of the end of their camp program.
- 16- I understand that **NO reimbursement will be made towards camp fees after June 15th, 2018, unless extraordinary extenuating circumstances occur. A doctor's note may be requested.**

I have read, understand and agree to the above terms and conditions.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### MORE IMPORTANT INFORMATION

- In order to complete your child's registration, please send in this form along with full payment or with a \$50 non-refundable deposit per camper (cheque, money order or credit card). Balance due is due May 31st, 2018. **If registering after May 31st, 2018, complete payment is due immediately.**
- To receive the **Early Bird discount**, full balance must be received by **May 31st, 2018** otherwise full, non-discounted camp fee will apply.
- Cheques must be made payable to the **CSE (Catholic School of Evangelization) NOT to St. Malo Camps.**
- Post-dated cheques are accepted on balance fees only. NSF cheques will result in a \$10 charge and cancellation of the camper's registration if payment of balance and charge are not received. Please make all cheques payable to the Catholic School of Evangelization.
- You may be eligible to receive funding to send your child to camp through the Sunshine Fund. Visit [www.mbcamping.ca/sunshinefund.htm](http://www.mbcamping.ca/sunshinefund.htm)

## PART 5 – Calculation of Fees

FEES (please enter amounts)		PAYMENT OPTIONS (please check)			
Registration fee:	\$ _____	Cheque (payable to CSE): <input type="checkbox"/>	Money Order: <input type="checkbox"/>	Visa: <input type="checkbox"/>	MasterCard: <input type="checkbox"/>
Transportation fee: (please check)	<input type="checkbox"/> \$12.50 TO St. Malo	<input type="checkbox"/> I choose to pay the entire camp fee immediately. <input type="checkbox"/> I choose to pay a \$50 deposit for my child's registration. I am including a post-dated cheque for <b>May 31st, 2018 (Early Bird)</b> to pay the remaining balance. <input type="checkbox"/> The payment of \$_____ will be covered by a third party : _____			
	<input type="checkbox"/> \$12.50 FROM St. Malo				
	Day Camps: \$ _____				
Administration Fee:	<b>FREE!</b> Credit Card payments are now free of charge!	<b>CREDIT CARD INFORMATION</b>			
TOTAL FEES:	\$ _____	Card Number: _____ Exp. Date: _____ - _____ Sec. Number: _____			
PAYMENT OR DEPOSIT:	\$ _____	Name as it appears on card (printed): _____			
AMOUNT OWING:	\$ _____	Authorizing Signature: _____			
		<input type="checkbox"/> I authorize the payment to be processed in full immediately. <input type="checkbox"/> I authorize that payment of the \$50 deposit today, and the payment of the remaining balance on <b>May 31st, 2018</b> .			