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DAY CAMPS IN WINNIPEG, at Holy Cross School, 300 Dubuc Street, Wpg

Ages	Select Camp:	Rates
5 to 7	To participate every day of the week: <input type="checkbox"/> July 26 th - 30 th	For the week: \$95 per camper \$85 for other siblings
	To select individual days: <input type="checkbox"/> Mon. 26 th <input type="checkbox"/> Tues. 27 th <input type="checkbox"/> Wed. 28 th <input type="checkbox"/> Thurs. 29 th <input type="checkbox"/> Fri. 30 th	For individual days: \$25 a day per camper (no sibling discount)

* Day camps run from 9am to 4pm. Campers may arrive between 8:30- 9:00am. BRING YOUR LUNCH. Snack will be provided. Parents/Guardians may accompany child(ren). Please note, there WILL BE A SURCHARGE if campers are not picked up at 4pm at the end of the day.

OVERNIGHT CAMPS IN ST. MALO**

Ages	Select Camp:	Rates	Activity Periods
8 to 12	<input type="checkbox"/> July 18 th - 23 rd	Before May 8th (EarlyBird \$50 Discount): \$205 per week per camper ; \$155 for other siblings After May 8th: \$255 per week per camper ; \$205 for other siblings	Please number in order of preference (1-first choice to 5-last choice): ___ Canoeing ___ Sports ___ Archery ___ Orienteering ___ Crafts ___ Dance ___ Drama (Not available for 8 to 12 camp)
12 to 15	<input type="checkbox"/> August 8 th - 13 th		
15 to 17	<input type="checkbox"/> August 15 th - 20 th		

** Arrival is Sunday at 7pm and camp end is on Friday at 5pm. There is a closing Mass, Friday at 4pm at the St. Malo Catholic Church. All are welcome!

Transportation Available: To camp: From camp: Transportation is available at a cost of \$10 (each way)

Campers need to be at St. Émile Church parking lot, 556 St. Anne's Rd, Sunday evening at 6pm. And will be returned at the same location the following Friday at 6:30pm. MUST REGISTER IN ADVANCE FOR RIDE.

CAMPER INFORMATION

Camper Name: _____ Male: Female:
 Camper Address: _____ City: _____ Prov.: _____ Postal Code: _____
 Birthdate: _____ Age by June 30th, 2010: _____ Grade in Fall: _____ Email: _____
 Personal MB Health # (9 digits): _____ Family MB Health # (6 digits): _____
 Camp T-shirt Size (free w/ registration – size guaranteed only if registered by May 8/10): Youth Large Adult: Small Medium Large

PARENT GUARDIAN INFORMATION

Parents/Guardian Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Alternate Phone: _____ Email: _____
 Emergency Contact Name (if parent/guardian cannot be reached): _____
 Relation to Camper: _____ Home Phone: _____ Alternate Phone: _____

HEALTH INFORMATION

List of Allergies: _____
 List of Medication & Dosage: _____
 Medications must be in the ORIGINAL PRESCRIPTION BOTTLE or PACKAGING
 Any medications that your child **SHOULD NOT** take/ingest while at camp: _____
 Any of the following needs that may require special attention at camp: Physical: Emotional: Behavioural:
 If YES to any of the above, please include a brief explanation (A Health information form will be sent to you; or, you can download it from our website www.catholicway.ca)
 Does the camper require a one-on-one support worker*? Yes No

* 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 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 the camp coordinator.

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 Care Bear upon arrival to camp. Medication must be in its **original bottle or packaging**. The Care Bear 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 the verbal consent of a parent/guardian (along with written consent indicated below), unless under specific and individual orders of a physician.

CAMPER CODE OF CONDUCT

Campers are expected to respect themselves, others and God. Please keep the following (non-exhaustive) list of guidelines in mind:

Modest dress - boys must wear shirts except at the beach; girls one-piece bathing suits; no offensive logos; no visible bra-straps or belly buttons; modest shorts and skirts please.

No alcohol or drugs (other than approved medication). Use of alcohol and/or drugs (including cigarettes) during camp will lead to automatic dismissal.

Stay on site. Campers may not leave the site unless accompanied by a staff/volunteer.

Zero tolerance towards violence. No weapons (knives, guns, laser lights, etc). There will be consequences for bullying and any other verbal, physical or emotional violence. Campers who endanger themselves or others will be required to be picked up.

No books, personal music devices, electronic media, cell phones etc. There are many great books, video games, etc. However, these can distract us from camp activities, reflection times and fellowship opportunities. We invite you to set aside a week for God and friends. Please leave books, music, video games, cell phones, ipods, etc. at home.

No outside food or drinks. For health and group unity reasons, we ask that campers not bring food or drinks to camp. Food will be confiscated and returned upon departure.

No dating/romantic relationships to be initiated. A camper's personal relationship with God and friendships with others are essential parts of the camp experience. *Starting an exclusive relationship while at camp is not permitted*, as it can be harmful to group unity. Dating can be very healthy in the right context; however it has been known to create distractions from the programming and planned activities.

Camper Signature: _____ **Date:** _____

CONDITIONS OF ENROLMENT

1. I understand that the Camp Coordinator and CSE Director reserve the right to dismiss a camper who in their opinions is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. If this occurs, the fee is non-refundable. Transportation in this case shall be provided by the parents, guardians or sponsoring agency.

2. I give permission to the Catholic School of Evangelization to use photographs/ videos of the camper for promotional materials.

3. I understand that some activities are held off the main CSE site. Campers walk or may be transported in vehicles to site. Camp transportation policy is available upon request.

4. I state that (if the camper is younger than 18 years old) I, the parent or guardian submitting this application, have legal custody over the child. ***Conditions of custody, if applicable, must be fully communicated in writing to the camp.*

5. I recognize that the CSE 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, its directors and staff members from any and all liability in the event of an illness, accident or misfortune that may occur to my child.

6. I attest that the camper is covered by Provincial Health or equivalent medical insurance.

7. I have read, understand and agree with the "Medication Policy".

8. I recognize that the SMCSC abides by the rules made under 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. Exceptions will only be made for compelling health or safety reasons.

9. I permit camp staff to administer other medications (ex: pain relievers, cough/cold medications) if needed, as per my verbal instructions. I give permission for qualified staff to administer an Epi pen if needed.

10. I understand that, except in the case of minor illness and/or first aid, all attempts will be made to contact me regarding medical decisions and treatment (including treatment of campers aged 16 to 18 minus a 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 injections of 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 7 days prior to attending camp

12. I have read this registration form, have discussed the code of conduct 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.

13. I certify that the information given above is complete and accurate to the best of my knowledge.

Note: This application cannot be processed unless the form is complete, dated, signed and accompanied by a \$50 deposit.

Signature (Parent/Guardian or Adult Participant): _____ **Date:** _____

IMPORTANT INFORMATION

- Complete one form per camper and mail along with full payment or with the \$50 non-refundable deposit per camper (cheque, money order or credit card). Balance is due by June 1st. If registering after June 1st, full payment is due immediately.
- **For Early Bird discount, full balance must be received by May 8, 2010** otherwise full non-discounted camp fee will apply.
- **Cheques can be made payable to "C.S.E."** (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 is not received.
- **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 1st. No refund will be issued for dismissal due to disciplinary action, late arrival or early dismissal.
- You may be eligible to receive funding to send your child to camp through Sunshine Fund, www.mbcamping.ca/sunshinefund.htm

FEES	
Camp Fee:	
Transportation Fee:	
\$5 Admin Fee for Credit Card:	
Total Payment Due:	
Payment/Deposit:	
Balance Due:	

PAYMENT OPTIONS	
Cheque: <input type="checkbox"/> Money Order: <input type="checkbox"/> Visa: <input type="checkbox"/> MasterCard: <input type="checkbox"/>	
<input type="checkbox"/> I am including a post-dated cheque for May 8, 2010 to pay the balance.	
<input type="checkbox"/> A third party : _____ will be paying \$ _____ of the camp fee	
Card Number: _____	
Cardholder Name (Print): _____ Exp. Date: _____	
Signature: _____	
<input type="checkbox"/> Process payment in full immediately	
<input type="checkbox"/> Process \$50 deposit now and the balance on May 8 th (early bird) or June 1 st (regular registration)	

How did you hear about our camp? _____ What parish does your child attend? _____

Mail your registration form to: CSE – St. Malo Camps, Box 570, St. Malo, MB R0A 1T0

Questions? Phone/Fax (204) 347-5396 Email: camps@catholicway.ca Website: www.catholicway.ca