

St. Anthony's Community Day Camp – Registration form 2014 – Please print clearly – one camper per form – Please note that all information will be kept confidential and used only for camp purposes.

- ❖ Please fill out form completely and clearly.
- ❖ Early bird registration deadline is Friday, May 17, 2014. Register early for a \$15 discount.
- FIRST 100 APPLICANTS ACCEPTED!**
- ❖ Please fill out one form per camper. More forms available at Catholic Schools in Lloydminster or at St. Anthony's Parish. Photocopies are accepted.
- ❖ Please mail registrations to:
 - St. Anthony's Community Camp
 - c/o Laura Anhorn
 - St. Thomas School
 - 6524-35 street
 - Lloydminster, AB
 - T9V 3H1
- ❖ Full payment needs to be included with registration.
- ❖ Cheques made payable to "Sandy Beach Community Camp Inc.". Do not send cash or postdated cheques.
- ❖ \$35 of camp fee is a non-refundable administration deposit.
- ❖ Forms must be signed by parent or guardian.
- ❖ Address questions or concerns about registering to Laura Anhorn @ 780-870-4879.
- ❖ You will receive confirmation and a camp package by email. Please allow time for processing.

	Received by May 17	Received after May 17
Intermediate camp	\$130	\$145
Junior Camp	\$110	\$125

Sponsorship may be possible depending on financial need. We ask that parents contribute a minimum of \$20/camper. To inquire, please contact camp executive @ 780-870-4879.

Donations are welcome as fees do not cover all camp expenses. Tax receipts will be issued for cash donations.

Camper information:

Health Care #: _____
 Province: _____
 Allergies: none yes, please specify: _____

 Other medical or behavior information?

Camp information:

Intermediate Camp (June 30 - July 4, 2014) - must have completed grades 4, 5, 6, 7 or 8.
 Intermediate Camp only:
 Will you be staying overnight on Thursday, July 3?
 Yes No
 If yes, can you provide a tent? Yes No
 If yes, how many does it sleep? _____

Junior Camp (July 7 - 11, 2014) - must have completed grades 1, 2 or 3

Bussing information:

Leave **Fr. Gorman Community School** @ 8:30 am sharp and return by 4:20 - 4:30 pm (Friday return time = 2:20 - 2:30)
 My child will be riding the bus each day to and from camp.
 My child will not be riding the bus each day to and from camp.
 My child has permission to walk home. (intermediate camp only.)

Parent/Guardian's Information:

First name: _____
 Last name: _____
Contact Information:
 Mailing address: _____
 City/Town: _____
 Province: _____
 Postal Code: _____
 Home phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email: _____

Faith Information:

If Catholic, has the camper received his/her First Communion? Yes No

Medical Information:

Health Care #: _____
 Province: _____
 Allergies: none yes, please specify: _____

 Other medical or behavior information?

If more space is needed, please attach a separate sheet. All prescriptions and non-prescription medications are to be left with designated medical personnel along with detailed instructions. All medications will be administered only by designated camp medical personnel.

Emergency Contact Information: (other than parent/guardian)

First name: _____
 Last name: _____
 Relationship to camper: _____
 Home phone: (____) _____
 Work phone: (____) _____
 Cell phone: (____) _____

Camp T-shirts (price is included in camp fee). Please indicate your child's size:

Youth: S (6-8) M (10-12) L (14-16)
 Adult: S M L XL

Media/Promotion Release: Check one box please!

I **DO NOT** want my child's photo to be used for camp promotional materials.
 I **DO** want my child's photo to be used for camp promotional materials.

Signature: _____

For Office use only:

Date received: _____
 Amount paid: _____
 Cheque #: _____
 Criminal record check: _____

Volunteers needed

Please indicate how you can help:
 First Aid Potluck Organizer
 Life guard Photographer
 Craft prep Bus greeter
 Lunch prep Bus chaperone
 Sleepover chaperone clean-up

Contact Audrey @ 780-870-5859

Please note: A criminal record check is required for ALL adults working or volunteering at camp. Fee for criminal record check will be reimbursed. Please hand-in at St. Anthony's Catholic Church office.

Waiver:

To: Columbus Club of Lloydminster Inc., Sandy Beach Community Camp Inc., Knights of Columbus, Council 3553, St. Anthony's Catholic Parish, The Roman Catholic Archdiocese of Edmonton, (the "Release Parties")
 IN CONSIDERATION of the release parties allowing me and/or my child or children to attend the summer camp organized by SANDY BEACH COMMUNITY CAMP INC. and participating in certain activities while at camp such as hiking, camping, canoeing, rock climbing, basketball, volleyball, dodge ball, tag, and other activities, (the "Camp Activities") involving lands owned or leased by the released parties:
 I ACKNOWLEDGE that some of the Camp Activities are inherently dangerous and contain a risk of serious injury or death; and that supervision is not assurance that I, or my child or children, will not suffer injury or death.
 I CONSENT to myself and/or my child or children attending Sandy Beach Community Camp Inc. and participating in the Camp Activities in spite of the risks involved in participating in those activities.

THE UNDERSIGNED for myself, my heirs, successors and assigns, HEREBY RELEASES AND FOREVER DISCHARGES the Release Parties, as well as the Release Parties' executors, administrators, successors and assigns from any and all actions, causes of actions, liabilities, costs, claims and demands whatsoever at law, in equity or under any statute which we ever had or now have or which its successors and assigns may have, by reason of any matter, cause of thing whatsoever arising out of or in any way related to our attendance at the Camp or involvement with the camp activities.

THE CONSIDERATION stated herein is the sole consideration. I make this release and indemnity intending that it be legally binding. IN WITNESS WHEREOF I have set my hand and seal on this day, _____ 2014.

Signature of Parent or Guardian: _____

Witness name: _____
 Witness signature: _____