

REGISTRATION INFORMATION

- Applications are accepted on a **first-come, first-served basis**.
 - To ensure campers' comfort and safety, each program has an age requirement and possibly a skills prerequisite as well. Birthdays must occur during the summer or fall months for a camper to be considered for placement in the next highest age group. Skills equivalency for SJBC programs can be determined by contacting camp staff.
 - St John Bosco Camp 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 to meet.
 - Note that all programs are not offered at each camp session.
 - Please complete all forms. Incomplete forms will delay the processing of the application. Include any special requests or needs of your child.
 - Programs may be combined or canceled if less than six campers are pre-registered three weeks prior to the camp start date. Senior campers please indicate a second choice of program. Enter the cost of the program (first choice) on the camper fees line
 - An annual membership of \$10 per family over and above the camp fee is required to register. If you are registering more than one child in the same family you need only pay this membership once per year. Please indicate the name of the family member that is paying the membership.
- St. John Bosco Camp Association is incorporated under the Non-Profit Corporations Act and is a registered charity. Camp's operation is overseen by a volunteer Board of Directors elected from the Membership. Anyone may become a member. Tax receipts are issued for personal donations.
- **To register for the discount rates, the attached forms must be completed and returned with your family membership of \$10.00 plus a minimum deposit of \$100.00 per camper no later than March 31, 2008. The balance of the fees must be received no later than May 31st.** Early registration will be decided by postmark on envelope.
 - Indicate the camper's T-Shirt size.
 - If you are including canteen money with the application form, enter the amount included. Note: Canteen money can be paid at camp on Opening Day; however pre-paying it will speed the opening day registration process.
- Our canteen is open daily for approximately ½ hour. We stock treats such as chips, chocolate bars, pop, ice cream, freezies, candy, as well as hoodies, t-shirts, mosquito repellent, throat lozenges, single use cameras, etc.
- Transportation to and from camp is the parent's responsibility. We are offering a bus service from Saskatoon to SJBC camp, via Prince Albert. If you want to send your child to camp on the bus, please complete the "Bus to Bosco" form on reverse side and include an additional \$60.00 per bus ride on the appropriate line. Note that a minimum 8 campers is required for this service to be available. Complete information will be included in your confirmation package.
 - Subtotal camp program fees, "Bus to Bosco" and membership lines. Add canteen money and donations, if desired, and calculate the total amount to be included with the registration form.
 - Make cheque or money order payable to "St. John Bosco Camp". We are unable to accept Visa, Mastercard, debit card, etc. Post-dated cheques are acceptable, but fees must be paid in full by May 31 to receive the Early Registration discounts.
 - There will be a \$25 service charge for any returned cheques.
 - Refunds will not be given for any cancellation that is made 15 days, or less, prior to the start of your child's camping session.
 - No fee reduction for arriving late or leaving early.
 - SJBC is not responsible for lost or delayed mail.
 - A confirmation package will be mailed to you. It will include your receipt, a list of what to bring, map, details of opening and closing day, etc. For safety and comfort reasons, please adhere to the "what to bring list" as closely as possible.

For more information:

Office Phone: (306) 978-0019
Office Fax: (306) 978-0037

Email: johnboscocamp@sasktel.net
Web site: www.johnboscocamp.com

PROGRAMS, DATES & PRICES SUMMER 2008

Early Bird Prices are in effect until March 31, 2008

Program	Ages	# of Days	1 st Camp	Dates 2 nd Camp	3 rd Camp	Early Bird Fees up to March 31	Full Fees April 1
Junior	9-10	10	Jul 6-16	Jul 20-30	Aug 6-16	315.00	350.00
Intermediate	11-12	10	Jul 6-16	Jul 20-30	Aug 6-16	315.00	350.00
Wilderness Skills	13-14	10	Jul 6-16	Jul 20-30	Aug 6-16	385.00	420.00
Bike Outtripping Skills	14-16	10	-	-	Aug 6-16	395.00	430.00
Canoe Outtripping Skills	14-16	10	Jul 6-16	Jul 20-30	Aug 6-16	395.00	430.00
Wilderness Kayak Skills	14-16	10	Jul 6-16	-	-	395.00	430.00
Wilderness Outtripping Skills	14-16	10	Jul 6-16	Jul 20-30	Aug 6-16	395.00	430.00
Adventure Leadership Experience	15-17	24	Jul 6-30	-	-	740.00	800.00

Prices include a \$50 non-refundable administration fee. Fees include all applicable taxes.
Note: There will be an additional \$50 service charge for all applications requiring Third Party billing.

**Early Registration Discounts
available until March 31, 2008**



St John Bosco Wilderness Camp

*Camper Registration
Information &
Medical Forms*

To Register Complete ALL Forms and send to

St John Bosco Camp

Box 3002

Saskatoon, SK S7K 3S9

Phone (306) 978-0019

Fax (306) 978-0037

Email: johnboscocamp@sasktel.net

Website: www.johnboscocamp.com



CAMPER REGISTRATION FORM 2008

Grid for camper identification numbers

CAMPERS'S NAME: Last First

MALE FEMALE

ADDRESS:

BIRTH DATE: Month / Day / Year

CITY: PROV: P.C.

AGE (while at camp):

PHONE NUMBER:

GRADE SEPT 1:

E-MAIL ADDRESS:

HOW DID YOU HEAR ABOUT CAMP?:

WHERE DID YOU GET YOUR APPLICATION FORM? Church I'm A Former Camper School Friend Website Other, specify:

YEARS AT BOSCO: 2000 2001 2002 2003 2004 2005 2006 2007 THIS IS MY FIRST YEAR AT BOSCO

PLEASE NOTE ANY SPECIAL REQUESTS OR NEEDS HERE OR IN AN ATTACHED LETTER:

(Senior Campers, ages 14 and over, please indicate a first and second choice of programs and/or dates.)

1st Choice Camp Dates Program

2nd Choice Camp Dates Program

Camper Fees for 1st Choice (see programs, dates and prices) \$

Camp T-Shirt (please circle one of these sizes): Youth - Large X Large Adult - Small Medium Large X Large XX Large \$ FREE

Bus to Bosco - Add \$60.00 for each way (to and/or from) \$

Annual Membership (Pay this only once per family) \$ 10.00

SUBTOTAL \$

I wish to include a Canteen Deposit \$

I wish to make a charitable donation to camp \$

TOTAL FEES DUE \$

To Register mail: AMOUNT ENCLOSED \$ (Minimum \$100.00 plus membership)

Camper Registration form, Camper Information form, Confidential Medical Record & Payment in full or deposit:

ST. JOHN BOSCO CAMP Box 3002 Saskatoon, SK S7K 3S9

If camp fees are to be paid by a third party, please include your deposit with the application and provide us with the following information.

Send invoice to: Address:

Name:

Phone Number:

Note: There will be an additional \$50 service charge for all applications requiring Third Party billing.

INVITATION: Thank you for sending your child to camp. The St John Bosco Camp Board of Directors would like to extend an invitation to all parents, campers and members to join us at the Bosco camp site on Zeden Lake on the May long weekend. This year we will be assisting our staff as they set up and clean up camp for the upcoming season. The jobs will vary from washing dishes, wall and windows to setting up tents to moving fallen trees. There are lots of chores that need to be done. It is a great opportunity to work alongside your family as part of the "Bosco Work Crew". Camping space and meals will be provided. All we ask is that you let us know in advance of your arrival and how long you will be staying.

I will come to camp May long weekend to help Yes No # of people Fri Sat Sun Mon

I can't come, but wish to donate \$20 \$50 \$100 \$200 Other:

MEMBERSHIP INFORMATION

Family Name:

Father: Occupation:

Mother: Occupation:

Children: Age:

Address:

City: Prov: P.C.:

Telephone: Parent's Email:

I would like to be more involved with St John Bosco Camp. Yes No As a volunteer Yes No Maybe As a Board Member Yes No Maybe

BUS TO BOSCO

Yes, I would like to send my child to camp on the "SJBC Bus" for the following session: My \$60 fee per bus trip is included with my camping fees.

Ride to Camp Ride Home 1st Camp - Sunday, July 6, 2008 1st Camp - Wednesday, July 16, 2008 2nd Camp - Sunday, July 20, 2008 2nd Camp - Wednesday, July 30, 2008 3rd Camp - Wednesday, August 6, 2007 not available

Name of Camper: (Please Print) Pick-up / Drop-off Location: Saskatoon or Prince Albert

Parents Name: Phone:



St John Bosco Wilderness Camp

Camper Information Form

Office Use Only:	Name: _____	Group: _____
No. of Yrs. _____	Camp: _____	Program: _____

This form is to be completed and signed by parent or guardian. Please Print. Personal information will be kept confidential and utilized for purposes related to the operation of St John Bosco Camp.

We want your child to have a great summer experience at St John Bosco Wilderness Camp. In order to achieve this, it is important to have as much information as possible about his or her habits, likes and dislikes. Please complete the following form providing as much detail as possible for all questions. If additional space is required, please attach a separate sheet.

PARISH NAME (if Catholic): _____

Has he/she received first communion? Yes No

1. What does he/she like to do the most? (Games, hobbies, etc.) _____

2. Can he/she swim 25 meters? Yes No Swimming level attained: _____

3. Is he/she eager to go to camp or being encouraged to go? _____

4. How would you describe his/her eating habits: Light? Average? Hearty? Fussy?

5. Does he/she have any dietary restrictions? _____

6. Does he/she have any physical limitations which will affect his/her ability to participate in activities:

While in main camp? Yes No

While out tripping - overnight for several days and nights? Yes No

If Yes, please explain _____

7. Does he/she have any serious fears? (i.e. Water, the dark, insects, etc.) _____

8. Does he/she live with: Parents Mother Father Other _____

9. Number of siblings: _____ Ages of brothers: _____ Ages of sisters: _____

10. In the last year have there been any basic changes in family relationships? Yes No

Birth Marriage Death Separation Divorce

11. Are his/her friends his/her: Own age? Older? Younger?

12. Please ✓ the characteristics that best describe your child. If necessary, please describe characteristics more thoroughly on a separate sheet of paper.

shy with others his/her age shy with adults makes friends easily

has difficulty keeping friends easy going temperamental

aggressive indifferent nervous

happy sensitive emotional

prefers passive activities energetic tires easily

needs to be busy well coordinated clumsy or awkward

13. Are there any emotional, learning, or cognitive issues that may affect his/her ability to participate in camp activities: Yes No If yes, please explain _____

14. Does your child have any history of violence, bullying, emotional or physical abuse that may put him/her, other campers or camp staff in any sort of harm? Yes No

If yes, please explain _____

15. Are there any other concerns/issues that will impact your child's experiences at camp? (re: personal habits; physical or emotional needs; special family situations; etc.) _____

16. What do you feel are your camper's expectations of the camping experience? _____

17. What are your expectations for your son/daughter? _____

18. Is there anyone who **should not** be contacting or picking up your child at camp? _____

19. Any additional comments: _____

St John Bosco Wilderness Camp 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.

CAMPER/PARENT/GUARDIAN:

As the Applicant and/or the Parent or Guardian of the applicant, I/we understand that camp programming involves outdoor adventure activities and are satisfied with the precautions being taken for the health, welfare and safety of myself or of my child (or ward).

I/we understand that my photo or my child's photo may be taken for use in camp promotional literature and I/we waive the right to inspect or approve the photo or video if used for such purposes. I/we hereby agree to this camping experience.

If Camper is less than 18 years, Parent or Guardian signature is required.

Camper or Parent (Guardian) Signature _____ Date _____



St John Bosco Wilderness Camp

Confidential Medical Record

Office Use Only: Camp Session _____ Program _____ Group _____

This form is to be completed and signed by parent or guardian. Please Print
 Personal information will be kept confidential and utilized for purposes related to the operation of St John Bosco Camp. Please answer every question in each section.

PART I Contact Information

CAMPER

Name _____ Gender M F
 Address _____ D.O.B. ___/___/___ Age _____
 City/Prov/Postal Code _____ Height ___ft.___in. Weight _____

PARENT/GUARDIAN

Name _____ Name _____
 Daytime Telephone # (_____) _____ Daytime Telephone # (_____) _____
 Evening Telephone # (_____) _____ Evening Telephone # (_____) _____
 Email _____ Email _____

EMERGENCY CONTACT (other than parent/guardian)

Name _____ Relationship _____
 Address _____ City/Prov/PC _____
 Daytime Telephone # (_____) _____ Evening Telephone # (_____) _____
 Cell Phone # _____ Email _____

FAMILY PHYSICIAN

Name _____ Telephone # _____ FAX # _____

HEALTH INSURANCE INFORMATION

Provincial Health Care #: _____ and/or Blue Cross #: _____
 And/or other Insurance Co. Name and #: _____

PART II Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE or

If more space is required, please list below and attach details on a separate sheet

Allergy	Severity	Symptoms	Treatment & Medication Required

Is a special diet required for food allergies or sensitivities? Yes No Are certain foods to be avoided? Yes No If Yes to either question, please attach details on a separate sheet.

B. Current Medications (Including psychiatric medication, over-the-counter medication, inhalers) NONE or

Medication List Below	Taken For Symptom / Condition	Dosage Size / Frequency	Date Started	Current Side Effects (if any)

PART III Health History

A. General

Date of last medical check-up: _____ Date of last tetanus shot: _____
 Is your child's immunization up to date? Yes No Date of last booster: _____
 Has your child recently been in contact with any contagious diseases? Yes No
 If yes, which disease? _____ And when? _____
 Has your child been Hospitalized or received Emergency Room / Urgent Care within the past 1 year? Yes No
 If yes, please describe _____
 Has medication recently been discontinued: Yes No
 If yes, please identify the medication and the illness it was prescribed for and the reason for discontinuance. _____
 (For Females) Has menstruated? Yes No If No, has she been told about it? Yes No

B. Chronic Conditions (please check either yes or no for each condition. If yes, please describe below:

- | | | | | | |
|---|--|--------------------------|--|-----------------------------------|--|
| 1. Fainting | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 2. Diabetes | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 3. Bedwetting | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 4. Seizures | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 5. Bronchitis | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 6. Night mares | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 7. Convulsions | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 8. Asthma | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 9. Sleep walking | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 10. Epilepsy | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 11. Tonsillitis | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 12. ADD / ADHD | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 13. Heart Disease | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 14. Ear Infections | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 15. FAS / FAE | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 16. Cardiac conditions | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 17. Motion Sickness | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 18. Diagnosed Learning Disability | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 19. Current Neck/Back/Shoulder/Knee/Ankle/ or other joint problem | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 20. Prosthetic device(s) | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | 21. Use of tobacco/Smoker | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q |
| 21. Other medical issues / illnesses / symptoms / requirements | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Q | | | | |

_____ Description _____
 # _____ Description _____
 Does your child have any health condition or problems restricting camp activity? Y N Q
 If "yes" explain _____

C. Personal History

Based upon the past two years

Has your child been in counseling with a psychiatrist, psychologist, social worker, or other therapist within the past 2 years? Y N Q
 Is he/she currently in counseling or treatment with a therapist, psychiatrist, psychologist, or prescribing physician? Y N Q
 Please arrange for a release of information with their therapist and/or prescribing physician so we may contact them for further information as part of this screening process. Have you done so? Y N Q
 Please check the appropriate responses that indicate the reason(s) for counseling:

- Academic/Career Divorce Family Issues Maintenance of Medication
 Substance Abuse Depression Eating Disorder Suicide Other _____

Name of current (or most recent) therapist _____
 Telephone # _____ FAX # _____ email _____
 Name of prescribing physician _____
 Telephone # _____ FAX # _____ email _____

PART IV Signature Required

I hereby authorize the St John Bosco Camp Association and/or its employees to obtain such medical services as they deem are required in regards to the camper named above. I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named. I agree to pay any charges not covered by my medical plan (i.e. medications, ambulance ride, etc.).

Form completed by: _____ Relationship: _____
 Please print

Signature: _____ Date: _____

Please return completed form to:

St John Bosco Camp, Box 3002, Saskatoon, SK S7K 3S9