

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. Juniors must be 8 years old prior to camp start date. ALE campers must be 15 years old prior to camp start date. For other groups, birthdays must occur during the summer for a camper to be considered for placement in the next highest age group. Skills equivalency for SJBWC programs can be determined by contacting camp staff.
 - SJBWC 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 and a minimum deposit of \$100.00 per camper. The balance of the fees must be paid by the deadline stated or full fees will apply.** Early registration will be decided by postmark on envelope.
All Camping Fees must be paid in full at least two weeks prior to the start date of camp.
 - 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, 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 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.
 - There will be a \$25 service charge for any returned cheques.
 - Refunds will not be given for any cancellation that is made 7 days, or less, prior to the start of your child's camping session.
 - No fee reduction for arriving late or leaving early.
 - SJBWC 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 Email: johnboscocamp@sasktel.net
Office Fax: (306) 978-0037 Web site: www.johnboscocamp.com

PROGRAMS, DATES & PRICES SUMMER 2010

Early Bird Prices are in effect until April 30, 2010
Must be paid in full by deadline to qualify for reduced rates

Program	Ages	# of Days	1 st Camp	Dates 2 nd Camp	3 rd Camp	Early Bird Fees if pd in full by April 30	Full Fees May 1
Junior	8-10	6	Jul 11-17	Jul 25-31	Aug 8-14	250.00	290.00
Intermediate	10-12	10	Jul 7-17	Jul 21-31	Aug 4-14	350.00	390.00
Wilderness Skills	13-14	10	Jul 7-17	Jul 21-31	Aug 4-14	425.00	465.00
Canoe Outtripping Skills	14-16	10	Jul 7-17	Jul 21-31	Aug 4-14	440.00	480.00
Wilderness Outtripping Skills	14-16	10	Jul 7-17	Jul 21-31	Aug 4-14	440.00	480.00
Wilderness Kayak Skills	14-16	10	Jul 7-17			440.00	480.00
Adventure Leadership Experience	15-17	24	Jul 7-31		Jul 21-Aug 14	820.00	900.00

Prices include a \$50 non-refundable administration fee. Fees include all applicable taxes.
Camping Fees must be paid in full at least two weeks prior to the start date of camp.
Late payments will be subject to interest charges of 2% per month (26.82% per year).

**Early Registration Discounts
available until April 30, 2010**



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



St. John Bosco Wilderness Camp

Camper Registration Form 2010

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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: 2002 2003 2004 2005 2006 2007 2008 2009 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) ----- \$ _____
(use early bird rates **only if paying in full prior to April 30, 2010**)

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

Bus to Bosco - Add \$60.00 for each way (to and/or from) ----- \$ _____
(Please complete Bus Registration Form below to right)

Annual Membership (Pay this only once per family) ----- \$ _____ 10.00
(This membership fee was paid by _____)
(name of camper who paid membership)

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

Fees must be paid in full at least two weeks prior to the start date for your camp session

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: Payments from Third Party must be received at least 14 days prior to camp start date.
To qualify for early bird discounts, payment from third part must be received prior to April 30, 2010

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, walls 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: _____

Mother: _____

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 "SJBWC Bus" for the following session:
My \$60 fee per bus trip is included with my camping fees.

Ride to Camp 1st Camp - Wednesday, July 7, 2010 2nd Camp - Wednesday, July 21, 2010 3rd Camp - Wednesday, August 4, 2010
Ride Home 1st Camp - Saturday, July 17, 2010 2nd Camp - Saturday, July 31, 2010 3rd Camp - Saturday, August 14, 2010

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 Wilderness Camp.

We want your child to have a great summer experience at SJBWC. 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 special dietary requirements? (i.e.: Vegetarian, diabetic, allergies, lactose, gluten free, nuts, etc.) _____

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 phobias? _____

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.

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

B. Current Medications NONE or

(Including psychiatric medication, over-the-counter medication, inhalers)

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

**ALL MEDICATION MUST BE CLEARLY MARKED, IN ORIGINAL PACKAGING AND
 HANDED TO THE FIRST AID PERSONNEL UPON ARRIVAL AT CAMP**

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 you 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 ✓ either yes or no for each condition. If yes, please describe below:

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

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

C. Personal History

Has your child been in counseling with a psychiatrist, psychologist, social worker, or other therapist within the past 2 years? Y N
 Is he/she currently in counseling or treatment with a therapist, psychiatrist, psychologist, or prescribing physician? Y N
 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
 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



St John Bosco Wilderness Camp

Medication Consent Form

Camper Name: _____

Camp Dates: _____ Camp Program: _____

Are there any medications that your child cannot tolerate? Yes No
Please List:

In an effort to make your child's stay at St John Bosco Wilderness Camp enjoyable, we keep a small supply of over-the-counter medications on hand to treat minor health problems. Medication is given only after an assessment by the First Aid Personnel. Please review the following list of medications and indicate the medications you will permit the first aid personnel to administer:

(Please circle your preference)

Oral:

acetaminophen (ie: Tylenol)	Yes	No
ibuprofen (ie: Advil)	Yes	No
cough suppressant (ie: Buckley's)	Yes	No
cold & cough hot beverage (ie: NeoCitran)	Yes	No
antihistamine (ie: Claritin, Aeries)	Yes	No
dimenhydrinate (ie: Gravol)	Yes	No
oral decongestant (ie: Sudafed)	Yes	No
diphenhydramine (ie: Benadryl)	Yes	No
anti-diarrheal	Yes	No
laxative	Yes	No
antacids (ie: Tums, Rolaids)	Yes	No
Vitamin C	Yes	No
Pepto Bismol	Yes	No

Topical / Other:

calamine lotion	Yes	No
saline-solution	Yes	No
hydrogen peroxide	Yes	No
rubbing alcohol	Yes	No
iodine	Yes	No
antibacterial ointment (i.e. Polysporin)	Yes	No
Afterbite	Yes	No
moisturizing lotion	Yes	No
sunscreen	Yes	No
antipholgistine (ie: Rub A535)	Yes	No
Aloe Gel	Yes	No
Burn treatment (ie: Lanacane)	Yes	No
Eye drops (ie: Visine)	Yes	No
Ear drops (ie: Auralgan)	Yes	No

Do you wish to be contacted prior to any of these over the counter medicines being given to your child? Yes No

NOTE: Aspirin, or products containing aspirin, will not be given to children. If your child is to receive medication containing aspirin, please bring it with you and include a note from the physician.

Parent/Guardian Signature: _____

Date: _____