

Camp St. Basil Camper Registration Form

Check if more than one camper in total is being registered.

Family Information:

Parents/Guardian (circle one): _____
Address: _____ City/Prov: _____ Postal Code: _____
Home Phone: _____ Daytime Phone1: _____ Daytime Phone2: _____
E-mail: _____ Cell1: _____ Cell2: _____
Volunteer at Camp St. Basil (Yes/No): _____

Camper Last Name: _____ First Name: _____

Birth Date: _____ Age Now: _____ Boy/Girl: _____ Grade as of June, 2014: _____

Religion/Rite: _____ First Communion (Yes/No): _____ Parish Name: _____

School: _____

Family Doctor: _____ Phone: _____

AHC Number: _____ Other Insurance Name & Number: _____

Medical Info:

1) If the camper is presently on medication, has allergies, asthma or other medical conditions, please list below.
2) Please include the directions specifying how the medication is to be taken (eg., what time(s) each day the medication is to be taken, how the medication is administered). **ALL MEDICATION must be bubble packed and given to the Camp Nurse** upon check-in/registration at Camp St. Basil.

3) **Please provide information about what occasional medications your child may take (circle all that apply):**
Tylenol, Advil, Gravol, Benadryl, Tums, Cough medicine, Polysporin, Peptobismal, Vitamin C, Immodium

Note: These are used only as directed on product instructions and only when necessary and noted in the camper's record.

Is there any behavioral information we should know? _____

Please check off length of camp:

Two weeks (July 6 – 19) One Week (July 6 – 13) One Week (July 13 – 19)

Fee: 1st camper is \$205.00/week. Additional campers (*must be brother or sister*) are \$175.00/week \$ _____

Canteen: Maximum amount \$12.00/week. See camp documentation for explanation. ---- \$ _____

T-Shirt: price included in camp fee Adult or Youth Size? _____ Size (S,M,L,XL): _____

Emergency Contact Information (NOT parent or guardian):

Name: _____ Relationship to Camper: _____ Phone: _____

Camp St. Basil – Terms for Program Acceptance

All campers staying at Camp St. Basil are subject to its regulations and also to the directives of the Summer Camp Program Director and his/her Assistants. The Summer Camp Program Director reserves the sole right to dismiss any camper if, in his/her judgment, such course of action is warranted. If such action is undertaken, the parent/guardian will be so advised and will be responsible for making appropriate arrangements to have said child(ren) picked up from camp

Should there be a serious reason for a camper to leave camp, prior arrangements must be made directly with the Summer Camp Program Director. Parent, or authorized representative, must pick up child(ren) themselves.

In consideration of my child/ward being admitted to Camp St. Basil, I hereby release the Order of St. Basil the Great in Canada (Basilian Fathers), Camp St. Basil, the Staff and Representatives of the Summer Camp Program from any and all damages arising from any accident or injury, which is caused by, or arisen from, participation of the applicant hereon, during any program or in any location where the program is being held.

Off-site Field Trips

During the course of the camp, we usually make a half-day trip in the first week and one in the second week to a nearby public beach such as at MaMeo Beach or Silver Beach. The children are transported in vehicles driven by camp volunteers. In the first week, we typically also walk to the town of Mulhurst Bay for ice-cream. Children who cannot walk the distance are transported in vehicles driven by camp volunteers. I hereby give permission for my child/ward to participate in these trips: _____ (sign here).

Upon acceptance of (name) _____ as a participant in the Summer Camp Program of Camp St. Basil, I accept the above Terms, without condition, and give full consent to Camp St. Basil to approve medical treatment and aid on behalf of my child/ward including admission to any hospital or clinic as deemed advisable and this shall serve as sufficient authority to do so.

Additional Information for the Program Director

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

To Calculate Total Costs:	Add up all registration charges from other side	\$ _____
	Deduct 50% from registrations if you're a volunteer	- \$ _____
	Add all Canteen fees from other side	+ \$ _____
	GRAND TOTAL (sum the above)	\$ _____

Will you allow us to use your child's picture(s) for promotional purposes? Yes ___ No ___