



Consent for International campers

(to be signed by caregiver who is hosting camper while in Canada)

*In a continued effort to give each camper the best care possible, when a camper whose country of residence is other than Canada attends the St. Malo Catholic Camps, they **MUST be covered by medical insurance equivalent to Manitoba Health**. The insurance certificate must be presented at camper drop-off for camp staff to photocopy. Camper **passport must also be presented** at camper drop-off for staff to photocopy and keep on file. Please note that although this form is to be signed by the caregiver, camper **parents/legal guardians must sign the Conditions of Enrollment** found on the camper registration form.*

I, (caregiver name) _____, take full responsibility for the well being of (camper name) _____ while they are in my care in Canada. I have received permission from the camper's legal guardians to have the child's custody while in Canada, and to send them to the St. Malo Catholic Camps (SMCC).

As they are not registered with Manitoba Health, I understand that I will need to present equivalent health insurance documentation, and the camper's passport, for camp staff to photocopy and keep on file.

I recognize that the St. Malo Catholic Camps regards with the utmost importance the safety of the camper and every precaution is taken to ensure the well being of everyone at the camp. I therefore release the Catholic School of Evangelization, the St. Malo Catholic Camps, its directors, staff members and volunteers from any and all liability in the event of an illness, accident or misfortune that may occur to the camper.

In the event that (camper name) _____ is sick or injured, I will make any and all necessary arrangements for their care (including picking them up from camp). I also agree to all the terms specified in the camp's Conditions of Enrollment (found on page 2 of the camper registration form found on the SMCC website).

Caregiver Signature _____ Date _____

Caregiver Phone Number () _____

Caregiver alternate phone number () _____

Camper Name _____ Camper Date of Birth _____

Camper Country of residence _____