



catholic school of evangelization
 Saint Malo Catholic
CAMPS
 catholiques de Saint-Malo

REGISTRATION FORM

2020 Summer Camps

**Nous offrons également des camps d'été en Français. Veuillez consulter notre site Web, www.catholicway.net, pour télécharger le formulaire en Français.

PLEASE FILL ONE FORM PER CAMPER

*****Please send this Registration Form by email or fax.
 Note: Please also print and bring a signed copy as well as the signed COVID-19 waiver with you on the first day of camp.*****

PART 1 – Select your camp and options

WEEK-LONG DAY CAMPS – locations listed further down (please check desired camp)

Age Groups	FRENCH Camp Dates (please check)	ENGLISH Camp Dates (please check)
8 to 13 year olds	<input type="checkbox"/> July 13 th to 17 th <input type="checkbox"/> July 20 th to 24 th <input type="checkbox"/> July 27 th to 31 st <input type="checkbox"/> August 3 rd to 7 th <input type="checkbox"/> August 10 th to 14 th <input type="checkbox"/> August 17 th to 21 st	<input type="checkbox"/> July 13 th to 17 th <input type="checkbox"/> July 20 th to 24 th <input type="checkbox"/> July 27 th to 31 st <input type="checkbox"/> August 3 rd to 7 th <input type="checkbox"/> August 10 th to 14 th <input type="checkbox"/> August 17 th to 21 st

Registration Fee: \$183.75 per camper (GST Included)

Arrival & Departure: Camper arrival will start at 9:00AM each morning, it will take more time than usual due to COVID-19 screening protocol (a confirmation email will be sent with arrival and departure protocols once your child(ren) is registered). Departure will be at 5:00PM each evening, parents/guardians will be required to sign their child(ren) out at the end of each day.

Location Details - by Week

Week	French Location	English Location
July 13-17	Notre Dame de Lorette 1282 chemin Dawson Road Lorette, MB	Holy Redeemer Parish 264 Donwood Drive Winnipeg, MB
July 20-24	Notre Dame de Lorette 1282 chemin Dawson Road Lorette, MB	Saint Emile Parish 556 St. Anne's Road Winnipeg, MB
July 27-31	Saints Martyrs Canadiens 289 avenue Dussault Winnipeg, MB	Notre Dame de Lorette 1282 chemin Dawson Road Lorette, MB
August 3-7	Saints Martyrs Canadiens 289 avenue Dussault Winnipeg, MB	Our Lady of Victory School 249 Arnold Avenue Winnipeg, MB
August 10-14	Saint Emile Parish 556 St. Anne's Road Winnipeg, MB	Saint Alexander Parish 387 South Shore Road Fort Alexander, MB (Sagkeeng F.N.)
August 17-21	Saints Martyrs Canadiens 289 avenue Dussault Winnipeg, MB	Saint Alexander Parish 387 South Shore Road Fort Alexander, MB (Sagkeeng F.N.)

PART 2 – Contact Information

CAMPER CONTACT INFORMATION

Name: _____ Boy Girl

Address: _____ City: _____ Province: _____ Postal Code: _____

Birth Date (y/m/d) : ____/____/____ Age on June 30th, 2020 : _____

E-mail: _____

Manitoba Health Reg. # (6 numbers): _____ PHIN # (9 numbers): _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

Name(s): _____ E-mail: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Home Phone: _____

Alternate number: _____ Emergency contact's link to camper: _____

HOW DID YOU HEAR ABOUT US?

In order to help us in our promotional efforts, could you share with us where you heard about our camps?

PLEASE MAIL, FAX OR EMAIL COMPLETED FORM AND PAYMENT TO: St. Malo Catholic Camps, P.O. box 570, Saint-Malo, MB, R0A 1T0
Phone: 204.347.5396 – Fax: 866.636.7783 – E-mail: camps@catholicway.net

PART 3 – Health Information (**Please also fill out COVID-19 Waiver Form and send in with registration**)

Allergy(ies): _____

Medication(s) and Dosage(s): _____

Does your child have needs, which will require particular attention during their week of camps? Please check:

Physical disability or limitation Social or emotional difficulty Behavioural needs

**** If YES to any of the above, please include a brief explanation on a separate page****

Does the camper need one on one support? **** Yes No

******IF SO:** Please contact us for details before registering.

MEDICATION POLICY: All medication (except inhalers and EPIPENS), as well as any modifications to the “Camper Health Information” form MUST be submitted to the camp Health Care Officer upon arrival at camp. Medication must be in its original bottle or packaging. The Health Care Officer and staff administering medication are certified in Standard First Aid, but are not health care professionals. The nearest hospital is between 5 and 20 minutes away by car, depending on the location you have chosen for your child(ren). No medication (including non-prescription) will be administered without verbal consent of a parent/guardian (along with written consent indicated below), unless under specific and individual orders of a physician.

PART 4 – Conditions of Enrolment ****please read carefully as some items have changed****

- 1- I understand that the St. Malo Catholic Camp (SMCC) Director and Executive Director of the Catholic School of Evangelization (CSE) reserve the right to dismiss a camper who, in their opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp program. If this occurs, the registration fee is non-refundable. In the event that a camper is sent home, the camper's parents, guardians or sponsoring agency will be immediately required to pick up the camper at their expense.
- 2- **I give permission to the CSE and to the SMCC to use photographs/videos of my registered child(ren) in future promotional materials.**
- 3- **I understand that transportation will NOT be available to and from camp and I will be responsible for the transportation of my child.**
- 4- I state that (if the camper is younger than 18 years old) I, the parent/guardian submitting this application, have legal custody over the registered child. Conditions of custody, if applicable, must be fully communicated in writing to the camp during or prior to camper registration.
- 5- I recognize that the CSE and the SMCC regard with the utmost importance the safety of my child 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 my child.
- 6- I attest that my child is covered by Provincial Health Insurance or equivalent medical insurance.
- 7- I have read, understand and agree with the "Medication Policy" (listed above in Part 3 of this registration).
- 8- I recognize that the SMCC abides by the *Freedom of Information and Protection of Privacy Act*. Camper personal information will only be shared with camp staff and volunteers directly involved with the camper, on a need to know basis. Exceptions will only be made for compelling health or safety reasons.
- 9- **I permit camp staff to administer other medication (ex. pain relievers, cough/cold medications) if needed, as per my verbal and written instructions.** I give permission for qualified staff to administer an EPIPEN if needed.
- 10- I understand that, except in the case of minor illness requiring prescription or over-the-counter medications which I have already approved, **all attempts will be made to contact me regarding medical decisions and treatment (including campers aged 16 to 18 minus one day) of my child/ward.** However, if in an emergency situation, I authorize camp staff to release the information on this form to healthcare professionals and to approve emergency medical attention including hospitalization, anesthesia, surgery or injections or prescription medication for the camper (or myself, if an adult participant) when ordered by professional medical staff.
- 11- I will notify the camp in writing if any change occurs in the camper's health within seven (7) days prior to attending camp.
- 12- **I have read this registration form, filled it out with the most up-to-date information, and understand the Conditions of Enrolment and the Cancellation policy and I agree to be responsible for the payment of all fees due to the camp.**
- 13- I certify that the information given in this form is complete and accurate to the best of my knowledge.
- 14- Cancellation Policy: I understand that the SMCC will refund on a prorated basis the camp fees of a camper who leaves camp early due to illness (doctor's note may be required) or serious illness or death in the immediate family. Otherwise, the entire camp fee is non-refundable. No refund will be issued for dismissal due to disciplinary action, late arrival or early dismissal/departure. Cancellation within the first 24 hours of receipt of this registration will be eligible for full reimbursement.
- 15- **A late pickup fee** may be charged if your camper is not picked up within 30 minutes of the end of their camp program.
- 16- I understand that NO reimbursement will be made towards camp fees after the first 24 hours of receipt of this registration, unless extraordinary extenuating circumstances occur. A doctor's note may be requested.

I have read, understand and agree to the above terms and conditions.

Signature (Parent/Guardian): _____ Date: _____

MORE IMPORTANT INFORMATION

- In order to complete your child's registration, please send in this form along with full payment (cheque, money order or credit card).
- Cheques must be made payable to the CSE (Catholic School of Evangelization) NOT to St. Malo Camps.
- NSF cheques will result in a \$20 charge and cancellation of the camper's registration if payment of balance and charge are not received. Please make all cheques payable to the Catholic School of Evangelization.
- You may be eligible to receive funding to send your child to camp through the Sunshine Fund. Visit www.mbcamping.ca/sunshine-fund

PART 5 – Calculation of Fees

FEES (please enter amounts)		PAYMENT OPTIONS (please check)			
1. REGISTRATION FEE:	\$175	Cheque (payable to CSE): <input type="checkbox"/> Money Order: <input type="checkbox"/> Visa: <input type="checkbox"/> MasterCard: <input type="checkbox"/>			
2. PLUS 5% GST (Registration fee x 0.05):	\$8.75	<input type="checkbox"/> I choose to pay the entire camp fee immediately. <input type="checkbox"/> The payment of \$ _____ will be covered by a third party : _____			
3. TOTAL FEES:	\$183.75	CREDIT CARD INFORMATION			
TOTAL OWING:	\$183.75	email for invoice to be sent to through Paypal: _____			