

Camp Woodboia, Inc

The United Church of Canada

Camper Registration Form 2023

Name: _____ Date of Birth: _____ Age: ____ Gender: ____
Home Phone #: _____ Cell #: _____ Email: _____
Address: _____
Home Church (if applicable): _____

Camper Information:

1. Are you a first-time camper? ____ Yes ____ No
2. What are some of your interests? _____

2021 Camp Dates and Prices:

Please place a check mark beside the week for which you are registering.

____ Explorer Camp: July 31-August 2 (Ages 6-8)	\$180
____ Discovery Camp 1: July 17-21 (Ages 7-10)	\$250
____ Discovery Camp 2: July 24-28 (Ages 11-13)	\$250

***Please Note: All registrations must be received by the deadline of July 1st, 2023.
Registrations received after this date may be accepted at the discretion of the Registrar
and subject to availability, but will incur an additional
Late Registration Fee of \$50 per camper.***

For Custodial Parent(s)/Legal Guardian(s):

1. I recognize the right of the Camp Director to send my child home if necessary and that I will be contacted to pick up my child in this event. ____ Yes ____ No
2. During the camp pictures may be taken. Are you willing to have your child's photograph or video recording used in camping stories for newspapers or United Church publications? ____ Yes ____ No
3. Camp Woodboia uses the facilities of Wood Mountain Regional Park and the Wood Mountain Post Provincial Historic Park (for hiking, swimming, and other activities). Are you willing to allow your child to leave the campsite for these activities? ____ Yes ____ No
4. By completing this form electronically, I recognize that printing my name below is the equivalent of my signature. ____ Yes ____ No

Custodial Parent(s)/Legal Guardian(s) Names: _____ Date: _____

Home Phone #: _____ Cell #(s): _____, _____, _____

For Campers:

1. By signing this form, you promise to do your very best to have fun, listen to your leaders, and make camp a good place for everyone.

Camper Name: _____ Date: _____

Camp T-Shirts and Caps:

We have limited numbers and sizes of Camp Woodboia t-shirts and caps left in stock and these will be available at camp check-in. Only cash and cheques will be accepted. Caps are \$15 each and t-shirts are \$20 each.

Next Steps:

Check the website for a complete list of what to bring to camp and what NOT to bring. When your application is accepted you will receive information about arrival and departure times, a map, and other applicable information. ***Please do not come to camp until you have received confirmation of your registration.*** If a camp is full and we cannot accommodate your child, a full refund will be sent.

Payment Details:

Full Camp Fees (includes daily tuck money)		_____
Less Family Discount (10% if sending 3 or more children from the same household)	-	_____
Plus Late Registration Fee (\$50 if submitting after July 1st)	+	_____

Total Enclosed = _____

*Please make cheques payable to Camp Woodboia
and indicate the camper or family name in the memo line.*

*E-transfers are also accepted for registration fees.
Please send e-transfers to campwoodboia@gmail.com.*

Camp Woodboia, Inc
The United Church of Canada

2023 Personal Health Form

(For Camp Director and Medical Personnel in case of emergency)

This entire two-page form must be completed by ALL campers and leaders.

Camper/Leader Information:

Name: _____ Health Card #: _____
Other Insurance: _____ Policy #: _____
Family Doctor: _____ Phone #: _____
Date of Birth: _____ Age (at time of camp): ____
Gender: ____ Height: ____ Weight: ____

Custodial Parent/Legal Guardian Information:

Name: _____
Full Address: _____
Home Phone #: _____ Cell #: _____ Work #: _____

Official Alternative Contact Information:

Name: _____
Full Address: _____
Home Phone #: _____ Cell #: _____ Work #: _____

1. What medical conditions or allergies does your child have? Please indicate the particular medical conditions that could impact your child's stay at camp.

2. Are your child's immunizations up to date? ____ Yes ____ No
3. Is your child currently taking medication that will need to be taken at camp? ____ Yes ____ No
- a. If so, please indicate what medication it is and when/how it will need to be given. Remember that all medications are to be handed to the medical personnel at check-in and must be accurately labelled with clear instructions.

4. Are there any physical, emotional, or behavioural conditions that camp staff might need to be aware of in order to give your child the best experience at camp?

5. Custodial parent(s) or legal guardian(s) assume full responsibility for the camp applicant's health and well being, such that camp activities which include hiking, swimming, running, etc. will in no way aggravate any medical condition. Please speak to your family doctor if you have specific questions or concerns before completing this form.

Please make absolutely certain that someone is available for camp staff to contact at any time (day or night) while your child is in our care.

As the person responsible for _____ (*Camper or Leader Name*), I authorize the Camp Director, Medical Personnel, or their designate to:

1. Administer anti-inflammatories and/or antihistamines (non-prescription, over-the-counter drugs) if deemed necessary for the relief of fever, pain, and/or allergy symptoms when other methods have been unsuccessful.
2. Secure medical advice and care should the need arise.

I waive all claims against Camp Woodboia and its employees and representatives for any accident or injury to the applicant or his/her/their property in conjunction with this camp. I also agree to accept financial responsibility in excess of benefits allowed by provincial or other insurance plans.

It shall be at the discretion of the Camp Director as to what medical steps be taken with regard to the health, welfare, and safety of your child.

I agree to the above statements, and that the information on this form is accurate at the time of registration. I further agree that I will notify the Medical Personnel of any changes to this form upon arrival at Camp. By completing this form electronically, I recognize that printing my name below is the equivalent of my signature.

Signature: _____ Date: _____

Next Steps:

Please save this completed form ***with your child's name in the file name*** and then email or mail your Registration Form and Personal Health Form to:

Marla Gavelin
Box 27
Glentworth, SK
S0H 1V0

Email: campwoodboia@gmail.com

Phone: 306-478-7747