

**SAINT BONIFACE PARISH**

# **CAMP BONIFACE**

**S U M M E R D A Y C A M P**

**st.boniface@rogers.com / 416-261-5983**

**AGES: 6 YEARS OLD - 13 YEARS OLD**

**DATES:**

**WEEK #1: JUL. 17th - JUL. 21st**

**WEEK #2: JUL. 24th - JUL. 28th**

**WEEK #3: JUL. 31st - AUG. 4th**

**\$65 PER WEEK**

**COST:**

**\$160 = FULL CAMP EXPERIENCE!**

**Includes Registration to all 3 weeks of camp!**

**WHY WE ARE  
DIFFERENT:**

Each week, Camp Boniface incorporates the Catholic faith in a way that is completely relatable to campers! We help campers learn about the faith without even realizing they are learning!

**SOME ACTIVITIES:**

- SPORTS
- CRAFTS
- SKITS
- GAMES
- MUSIC
- FAITH BUILDING

**Contact Parish Office for Registration Form.**

**Register Early - Limited Space Available!**

ST. BONIFACE CHURCH  
**CAMP BONIFACE**

Participant Info

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Info/ Allergies: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Family Info

Mothers Name: \_\_\_\_\_ Mothers Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency

Emergency Contact (other than parents) \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Registration

Please select the week or weeks;

- Week #1: Monday July 17 to Friday July 21, 2017 - \$65 for the week
- Week #2: Monday July 24 to Friday July 28, 2017 - \$65 for the week
- Week #3: Monday July 31 to Friday August 4, 2017 - \$65 for the week

**\$160 = FULL CAMP EXPERIENCE!**  
**Includes Registration to all 3 weeks of camp!**  
(Check off all 3 boxes for this option)

**More on  
reverse**

If you have any questions, please call Parish Office at 416-261-5983 or email [st.boniface@rogers.com](mailto:st.boniface@rogers.com)

**Release**

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold **St. Boniface, the Archdiocese of Toronto**, any volunteer, chaperone, or driver responsible.

**Medical Care**

I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

**Permission**

In signing this I am granting my youth permission to participate in Camp Boniface – Summer Day Camp at the above location.

**Photography**

I understand my son/daughter photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication.

**Pick-Up**

Please ensure that you notify camp staff of pick your son/ daughter up at the end of the camp day.

- Camp starts daily at 9:00am with check-in by parent in Parish Hall.
- Camp ends daily at 3:30pm with check-out by parent in Parish Hall.
- Campers to bring their own lunch. Some snacks to be provided.
- Camp takes place on church grounds;
  - Church building
  - Church Hall
  - Surrounding Grounds
  - Church Parking lot

Camper Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, please call Parish Office at 416-261-5983 or email [st.boniface@rogers.com](mailto:st.boniface@rogers.com)