

ST. BONIFACE CHURCH

CAMP BONIFACE 2018

REVISED
APPLICATION

Participant Info

Name: _____ School: _____

Birth date: _____ Age: _____ Grade: _____

Medical Info/ Allergies: _____

Explain Allergic Reaction: _____

Health Card Number: _____

Any Physical Limitations: _____

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: Tuesday July 3 to Friday July 6, 2018 - \$60 for the week
(Shorter week due to Canada Day Long Weekend)
- Week #2: Monday July 9 to Friday July 13, 2018 - \$75 for the week
- Week #3: Monday July 16 to Friday July 20, 2018 - \$75 for the week

\$180 = 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

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/snacks.
- Camp takes place on church grounds;
 - Church building
 - Church Hall
 - Surrounding Grounds
 - Church Parking lot

Camper Signature: _____

Date: _____

Parent Signature: _____

Date: _____

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