



Summer: General Delivery  
Onanole MB R0J 1N0  
(204) 848-2211

Winter: Camp Registrar  
Box 21009, WEPO  
Brandon MB R7B 3W8  
(204) 727-7550 (phone)  
(204) 727-4135 (fax)  
[diobran@mts.net](mailto:diobran@mts.net)

## Camper Information

**PLEASE LEAVE THE FOLLOWING AT HOME:** All electronic games, players, entertainment and communication devices (cell phones), knives, valuable jewellery, or other expensive or potentially harmful items. *Please note: The use of tobacco, alcoholic beverages or narcotics is prohibited and will be treated as a serious offense. Appropriate disciplinary action will be taken.*

**NUT-FREE POLICY:** Anglican Church Camp is a nut-free environment.

**FOOD:** No food is allowed in cabins because of the potential problem of attracting animals, so please do not send or bring large food parcels to camp. **PLEASE DO NOT SEND NUTS OR PEANUT PRODUCTS** due to the possibility of allergic reaction.

### PACKING CHECK LIST

- Long Pants & Shorts
- Sweatshirt & Sweater
- Modest Swim Suits
- Sleeping Bag & pillow
- Toiletries
- Hat & Sun Screen
- Raincoat & Boots
- Non-aerosol Insect Repellent (**strongly recommended**)
- Long-Sleeved Shirt & T-shirts
- Jacket
- Pajamas & Underwear
- Towels
- Flashlight
- Bible
- Running Shoes & Socks

**TUCK:** Snack items and some small camp souvenirs (pins, postcards, memory book, etc.) are available for sale during a daily tuck time. Campers are allowed to spend a maximum of \$2/day. Tuck money can be left on account with the Camp Administrator when the camper is registered on the first day of camp. The recommended tuck deposit is \$10. All unused money will be refunded at the end of camp.



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## Camper Registration

### Personal Information

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

Birthdate: (dd/mm/yyyy) \_\_\_\_\_ Gender: M  F

Name of Parent(s)/Guardian: \_\_\_\_\_  
 (if applicant under 18 years)

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

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

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

Telephone: (Home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Church: \_\_\_\_\_

Which camp are you applying for?

Junior (8-10 yrs)  Intermediate (10-12)  Teen (13 +)  Family  Adventure

Camper's swimming experience or level: \_\_\_\_\_

Camper's previous camping experience: \_\_\_\_\_

Cabin assignment requests: \_\_\_\_\_

Does the Camper receive communion? Y  N

List any food allergies the Camper may have: \_\_\_\_\_

Please return completed registration to: Anglican Church Camp Registrar  
 Diocese of Brandon  
 Box 21009, WEPO  
 Brandon MB R7B 3W8

Registrations **must** be accompanied by a non-refundable \$10 registration fee. Please make cheques payable to "Diocese of Brandon".

**Registrations are due by June 15**



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### Confidential Medical Information

#### Personal Information

Name of Camper: \_\_\_\_\_

Birthdate: (dd/mm/yyyy) \_\_\_\_\_ Gender: M  F

Name of Parent(s)/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

MHSC (six digit) \_\_\_\_\_ PHIN (nine digit) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### Emergency Information

During the camp session, where can the camp staff contact you in case of emergency?

\_\_\_\_\_  
\_\_\_\_\_

In the event that the camp is unable to contact the parent(s)/guardian, please list alternate contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

#### Health Information

Camper's immunizations are up-to-date: Y  N  Date of last tetanus shot: \_\_\_\_\_

Is the camper subject to the following conditions? (Please give details, including medication & management.)

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Ear/Throat infections/Tonsillitis/Sinusitis: \_\_\_\_\_

Dietary concerns/restrictions: \_\_\_\_\_

**Allergies**

Does the camper have any allergies? Please give details about the type and severity of the allergic reaction: \_\_\_\_\_

\_\_\_\_\_

Does the camper wear a medical alert identification? Y  N

Does the camper carry an EpiPen? Y  N

**Medications**

Is the camper taking any prescribed medications? Y  N  Over the counter? Y  N

Please list ALL medications that the camper is taking and provide any details concerning how and when they are to be taken.

\_\_\_\_\_

***Please note: For safety and legal purposes, all prescription and non-prescription medications should be in their original container. We ask that medications not be left with the camper, but with the camp nurse (except for EpiPens and "emergency" asthma inhalers, which campers should have with them at all times).***

**Additional Information**

Is there anything we should know that would help us better to understand the camper? (e.g. behavioural or emotional issues, bed-wetting, likes/dislikes, worries or concerns about being at camp)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, the camper is in good health. I will notify the camp if the camper is exposed to an infectious disease during the three-week period prior to camp. In the event of a medical emergency, I understand that every effort will be made to contact the parent(s)/guardian. In the event that I/we cannot be reached, I/we give permission to the physician selected by the camp director or his/her designate to hospitalize, secure proper treatment, order medications, anaesthesia, or surgery for the camper named above. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance.

Signature of parent(s)/guardian: \_\_\_\_\_

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

***This form must be submitted to the Camp Administrator during registration on the first day of camp.***

# ANGLICAN CHURCH CAMP

**PARENT/GUARDIAN: Please read and sign the following:**

I will notify the camp if my child is exposed to a communicative disease during the three weeks prior to their arrival at camp.

In the case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Administrator to hospitalize, secure proper treatment, order injection, anesthesia or surgery for my child as named above. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by my Provincial Health and/or Medical Insurance.

I give my approval for the camp to administer over-the-counter medications if necessary. *(If not in agreement with this policy, please cross out and initial.)*

I understand the inherent risks and dangers of a camp program and will not hold the camp or its agents liable for injury sustained by my child during the camp program.

Camp pictures, taken of my child, may be used for camp promotional purposes. This can include camp memories cds/dvds, camp website, newsletters and brochures. These pictures become the property of the Diocese of Brandon.

I agree to allow the Diocese of Brandon to share personal information (name, address & phone #) only with staff, churches affiliated with the camp and CSSM Ministries, our parent organization.

I agree that the Camp Administrator reserves the right to dismiss a camper who is a hazard to the health, safety or rights of others or is not conforming to the reasonable expectations of the camp.

***I have read this application form and hereby agree with the conditions of acceptance.***

\_\_\_\_\_  
CAMPER'S NAME

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

***This form must be submitted to the Camp Administrator during registration on the first day of camp.***