

# Camp St. Basil Camper Registration Form

Check if more than one camper in total is being registered.

## **Family Information:**

Parents/Guardian (circle one): \_\_\_\_\_  
Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime Phone1: \_\_\_\_\_ Daytime Phone2: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell1: \_\_\_\_\_ Cell2: \_\_\_\_\_  
Volunteer at Camp St. Basil (Yes/No): \_\_\_\_\_

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Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age Now: \_\_\_\_\_ Boy/Girl: \_\_\_\_\_ Grade as of June/2011: \_\_\_\_\_  
Religion/Rite: \_\_\_\_\_ First Communion (Yes/No): \_\_\_\_\_ Parish Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
AHC Number: \_\_\_\_\_ Other Insurance Name & Number: \_\_\_\_\_

**Medical Info:** 1) If the camper is presently on medication, has allergies, asthma or other medical conditions, please list below. 2) Please include the directions specifying how the medication is to be taken (eg., what time(s) each day the medication is to be taken, how the medication is administered).  
**All medication must be given to the Camp Nurse upon check-in/registration at Camp St. Basil.**

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Is there any behavioral information we should know? \_\_\_\_\_  
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## **Please check off length of camp:**

Two weeks (July 3 – 16)       One Week (July 3 – 10)       One Week (July 10– 16)

**Fee:** Initial camper is \$175.00/week. Additional campers are \$150.00/week ----- \$ \_\_\_\_\_  
**Canteen:** Maximum amount \$12.00/week. See camp documentation for explanation. ---- \$ \_\_\_\_\_  
**T-Shirt:** \$14.00 each. Adult or Youth Size? \_\_\_\_\_ Size (S,M,L,XL): \_\_\_\_\_ Qty: \_\_\_\_\_ \$ \_\_\_\_\_

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## **Alternate Emergency Contact Information (in case parents are not available):**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Camp St. Basil – Terms for Program Acceptance

All campers staying at Camp St. Basil are subject to its regulations and also to the directives of the Summer Camp Program Director and his/her Assistants. The Summer Camp Program Director reserves the sole right to dismiss any camper if, in his/her judgment, such course of action is warranted. If such action is undertaken, the parent/guardian will be so advised and will be responsible for making appropriate arrangements to have said child(ren) picked up from camp

**Should there be a serious reason or need for a camper to leave camp, prior arrangements must be made directly with the Summer Camp Program Director.**

In consideration of my child/ward being admitted to Camp St. Basil, I hereby release the Order of St. Basil the Great in Canada (Basilian Fathers), Camp St. Basil, the Staff and Representatives of the Summer Camp Program from any and all damages arising from any accident or injury, which is caused by, or arisen from, participation of the applicant hereon, during any program or in any location where the program is being held.

Upon acceptance of (name) \_\_\_\_\_ as a participant in the Summer Camp Program of Camp St. Basil, I accept the above Terms, without condition, and give full consent to Camp St. Basil to approve medical treatment and aid on behalf of my child/ward including admission to any hospital or clinic as deemed advisable and this shall serve as sufficient authority to do so.

### **Additional Information for the Program Director**

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Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>To Calculate Total Costs:</b>	Add up all registration charges from other side	\$ _____
	Deduct 50% from registrations if you're a volunteer	- \$ _____
	Add all Canteen fees from other side	+ \$ _____
	Add all T-Shirt charges from other side	+ \$ _____
	<b>GRAND TOTAL</b> (sum the above)	\$ _____

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Will you allow us to use your child's picture(s) for promotional purposes? Yes \_\_\_ No \_\_\_

#### **For Office Use Only**

Week # 1 Camp Fees Paid by \_\_\_\_\_ Receipt # \_\_\_\_\_

Week # 1 Amount Received \_\_\_\_\_ Canteen Amount \_\_\_\_\_ T-Shirt \_\_\_\_\_

Payment Received by \_\_\_\_\_ Date \_\_\_\_\_

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Week # 2 Camp Fees Paid by \_\_\_\_\_ Receipt # \_\_\_\_\_

Week # 2 Amount Received \_\_\_\_\_ Canteen Amount \_\_\_\_\_ T-Shirt \_\_\_\_\_

Payment Received by \_\_\_\_\_ Date \_\_\_\_\_