



Saskatoon Wildlife Federation

## Summer Camp 2022 Application Form – Beginner Form

Ages 6 to 9

Camp Hours 9:00 AM – 4:00 PM (Two Snacks and Lunch Included)

**Please only select one week- if you are wanting to have your child in both weeks, indicate which week is your 1<sup>st</sup> choice and your child will be placed on the waiting list for their 2<sup>nd</sup> option.**

### I. Beginner Camp Week Options

- July 4<sup>th</sup> to July 8<sup>th</sup>
- August 8<sup>th</sup> to 12<sup>th</sup>

### II. Pricing

- Currently Active Family or Youth Member  
Member # \_\_\_\_\_ \$270.00
- Non-Member \$300.00
- Optional Extended Care  
(8:00 AM – 9:00 AM and 4:00 PM – 5:00 PM) \$25.00

**TOTAL AMOUNT** \_\_\_\_\_

### III. Participant Information

Name:	
Address:	
City:	Postal Code:
Phone Number:	Health Card #:
Birth Date:	Age as of June 30, 2022:

### IV. Parent or Guardian Information

Parent/Guardian #1:	Parent/Guardian #2:
Relationship:	Relationship:
Phone #	Phone #
Phone #	Phone #
Is this person an Emergency Contact?	Is this person an Emergency Contact?
Is this person allowed to pick up the child?	Is this person allowed to pick up the child?
Primary Email for camp communications:	

### V. Permission to Leave (Please check one of the following statements)

- I give permission for this participant to leave on his/her own at the end of camp each day.
- I DO NOT give permission for this participant to leave on his/her own at the end of camp each
- My Child will be getting picked up and dropped off by another camper's guardians



**VI. Medical/Behavioral Information**

My child has Medical conditions (including allergies) and/or behavioral concerns

If Yes please describe:

**VII. Group Activities**

Does your camper have a friend/other family member attending the same camp?

YES

NO

If YES, please indicate who: \_\_\_\_\_

Would you like them to be put in the same group for the week's activities?

Please check one:

YES

NO

DOESN'T MATTER

**VIII. T-Shirt (Please indicate T-shirt size for participant)**

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Each camp is limited to 25 campers.

More information will be emailed out to each camper once registration has been confirmed.

We will be accepting applications from currently active Saskatoon Wildlife Federation members as of May 16<sup>th</sup>, 2022 and non-members on May 24<sup>th</sup>, 2022.

**Email all completed forms to [membership@swildfed.ca](mailto:membership@swildfed.ca)**



Saskatoon Wildlife  
Federation

### Medical Report Form

\*To be filled out by the parent or guardian of the participant.

The following questions were designed to protect the participant and/or prevent injury in the event of possible incident. Please answer these questions as accurately as possible.

#### Participant Information

Participant's Name: \_\_\_\_\_

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

(Street)

(City)

(Province)

(Postal Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hospitalization Number: \_\_\_\_\_

Gender (please circle):      Male      Female      Other

#### IN CASE OF EMERGENCY CONTACT

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

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

(Street)

(City)

(Province)

(Postal Code)

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Past / Present Health

1. Is the participant currently or has the participant been under the care of a physician for any injury, treatment, or condition within the last year?

Please check one:

YES

NO

If yes, please elaborate:

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

2. Does or has the participant had/have any disorders or conditions?

YES

NO

If yes, please elaborate:

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



3. Is the participant on any medications?

YES

NO

If yes, please list medications:

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4. Can the participant administer his or her own medication(s)?

YES

NO

Not Applicable

If NO, please describe the assistance he or she will require:

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Does the participant have any special dietary needs? (Including food allergies & intolerances.)

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Please note any other information about the camper's health and wellness that may affect his or her camp experience. (Social / behavior concerns, etc.) This information will be held in confidence and will assist the staff in providing a safe and happy camp for everyone. Adults may discuss their concerns with Keshia, Member Services Coordinator, prior to camp start date.

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## Participant Consent Form

I \_\_\_\_\_ have registered \_\_\_\_\_ for the 2021 Summer Camp  
(Parent/Guardian) (Participant's name)  
presented by the Saskatoon Wildlife Federation.

As a condition of participation, I agree to the following:

1) I give permission for the participant stated above to participate fully in all of the activities of the Saskatoon Wildlife Federation Summer Camp (unless otherwise specified on the Medical History Form). Any change(s) will be communicated to camp coordinator in writing. \_\_\_\_\_  
(Initial)

2) I am aware that Summer Camp involves physical activities such as archery, fishing, and air rifle training that could result in injury. I waive any action or claim against Saskatoon Wildlife Federation (including their staff and volunteers), or any other activity venue for any accident or injuries. \_\_\_\_\_  
(Initial)

3) I consent and authorize such medical and/or hospital care as deemed necessary by camp organizers. I consent and authorize Saskatoon Wildlife Federation employees to supervise the self-administration of any necessary medication. \_\_\_\_\_  
(Initial)

Signature of Parent or Guardian: \_\_\_\_\_

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



## **Media Release and Consent Form**

I hereby consent to have the Saskatoon Wildlife Federation, or any person on its behalf, interview myself or my son/daughter or ward; use my testimonial, or the testimonial of my son(s), daughter(s) or ward(s), with the understanding that the interview(s), testimonial(s) and/ or photographs may be used for the administration, organization and promotion of Saskatoon Wildlife Federation's Camp WILD. I consent to the use of my first name & last initial or the first name & last initial of my son, daughter, or ward in connection with such interview(s), testimonial(s), photograph(s) and/or Videography. I am over 18 years of age.

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

Child/Ward's Name: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

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

OR

I do not consent to the use of the name, image, or testimonial of myself or of my child/ward for the purposes listed above. I understand that photographs or video may be taken of the group, but no identifying information will be attached to that photographs or video.

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

Child/Ward's Name: \_\_\_\_\_

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

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



## Credit Card Authorization Form

Credit Card Information
<b>Card Type</b> <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> VISA Debit <input type="checkbox"/> American Express
<b>Card Holder Name (As Shown on Card)</b>
<b>Card Number</b>
<b>Expiration Date (mm/yy)</b>
<b>Security Code (3 Digits)</b>
<b>Credit Card Billing Address</b>

I, \_\_\_\_\_ authorize Saskatoon Wildlife Federation to charge my credit card in the amount of \_\_\_\_\_ for \_\_\_\_\_ to attend the 2022 Kids Summer Camp.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indication date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Cardholder's Signature \_\_\_\_\_

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