



Saskatoon Wildlife  
Federation

## **Summer Camp 2023 Application Form – Wilderness Warriors**

Ages 13-17

Camp Hours 9:00 AM – 4:00 PM (Two Snacks and campers to bring their own lunches)

### **I. Wilderness Warriors Camp Days**

☐ Aug. 9<sup>th</sup> to 11<sup>th</sup>

### **II. Pricing**

- ☐ Currently Active Saskatoon Wildlife Federation Member  
Member # \_\_\_\_\_ \$75.00
- ☐ Non-Member \$100.00
- ☐ Optional Extended Care  
(8:00 AM – 9:00 AM and 4:00 PM – 5:00 PM) \$10 per day per child

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

### **III. Participant Information**

Name:	
Address:	
City:	Postal Code:
Phone Number:	Health Card #:
Birth Date:	Age as of June 30, 2023:

### **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 day.
- ☐ My child will be getting picked up and dropped off by another camper's guardians.  
Name: \_\_\_\_\_



**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

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 application from currently active Saskatoon Wildlife Federation members as of April 12<sup>th</sup>, 2023, and non-members on May 1st, 2023.

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



Saskatoon Wildlife  
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## **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 a 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:

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

☐ YES

☐ NO

If yes, please elaborate:

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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 Christina, Member Services Coordinator, prior to camp start date.

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## **Participant Consent Form**

I \_\_\_\_\_ have registered \_\_\_\_\_ for the 2023 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 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 photograph or video.

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

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

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

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



## **Release of Information**

The Saskatoon Gun Club requests your child's information for the following purposes:

- to remain in good standing with their Federal Range Licensing Agreement
- required by their insurance provider for anyone to be on their range.
- Provincial / Federal grants received by the Saskatoon Gun Club require full details of juniors.

I hereby consent to the Saskatoon Wildlife Federation releasing my child / ward's information to the Saskatoon Gun Club for the purposes listed above.

Parent's Name: \_\_\_\_\_

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

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

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

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

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

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

I do not consent to the Saskatoon Wildlife Federation releasing my child's information to the Saskatoon Gun Club for the purposes listed above and acknowledge that my child / ward will not be able to participate in the activities held at the Saskatoon Gun Club.

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

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

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

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



OPTIONAL - The Saskatoon Gun Club is enhancing their FREE Junior Clay Target Shooting Program in 2023 and would like to contact participants prior to Summer Camp starting to discuss opportunities for your child / ward to attend their free clay target shooting events this season. Please indicate if you would like to receive information from the Saskatoon Gun Club regarding these events.

Please check one:

- ☐ YES  
☐ NO

Also, please check out the junior shooting program details on, [www.saskatoongunclub.com](http://www.saskatoongunclub.com) for additional opportunities in which youth under 18 are able to shoot for free (shells, targets, gun rental and instruction).





## Credit Card Authorization Form

<b>Credit Card Information</b>
<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 2023 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: \_\_\_\_\_