



Saskatoon Wildlife Federation

Summer Camp 2024 Application Form – Wilderness Warriors

Ages 12-17

Camp Hours 9:00 AM – 4:00 PM (Lunch and two snacks provided)

****NOTE – Please ensure all sections are filled out completely before submitting your application. Any applications missing information or signatures, will be removed from the queue.****

I. Wilderness Warriors Camp Days

Aug. 7th to 9th

II. Pricing

Currently Active Saskatoon Wildlife Federation Member
Member # _____ \$75.00

Non-Member \$100.00

TOTAL AMOUNT \$ _____

III. Participant Information

Name:	
Address:	
City:	Postal Code:
Phone Number:	Health Card #:
Birth Date:	Age as of June 30, 2024:

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 May 1st, 2024, at 1:00PM CST and from non-members as of May 15th, 2024, at 1:00PM CST.

Email all completed forms to campwild@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 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:

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:

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:

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

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.



Participant Consent Form

I _____ have registered _____ for the 2024 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.
- **If permission is not given, the child will not be able to participate in this day of camp.**

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 2025 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 for additional opportunities in which youth under 18 are able to shoot for free (shells, targets, gun rental and instruction).



Credit Card Authorization Form

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

I, _____ authorize Saskatoon Wildlife Federation to charge my credit card in the amount of _____ for _____ to attend the 2024 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: _____

Saskatoon Wildlife Federation CAMP WILD Shirt Order Form



front

**Shirts will be
available for
pick up
at camp**

\$35.00/ea



back

Qty	Color (blue or red)	Size
		Youth Small
		Youth Medium
		Youth Large
		Adult Small
		Adult Medium
		Adult Large

Total _____

Name:			
Phone Number:			
Email:			
Credit Card Number:			
Expiry Date:		CVV:	
Mailing Address:			