



**CAMPER
REGISTRATION
2018**

Thank you for choosing Pioneer Camp. Please contact us (204-788-1070 or mpc@pioneercamp.ca) if you have any questions. We are happy to help you through the registration process and answer any queries about our programs or mission. The information that you give us here will be kept confidential and will help us take good care of your child, so please let us know as much as possible. We will contact you by email upon receiving your registration.

HOUSEHOLD INFORMATION

Camper Name: (first) _____ (last) _____

Birthdate: (mm/dd/yyyy) ____ / ____ / _____ Male / Female

Age at camp: _____ Grade in September 2018: _____

Parent/Guardian (1) Name: (first) _____ (last) _____

Relationship to Camper: _____ Cell: _____ Work: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Country: _____ Home Phone: _____

Email: _____

Parent/Guardian (2) Name: (first) _____ (last) _____

Relationship to Camper: _____ Cell: _____ Work: _____

Email: _____

Marital Status of parents/guardians: _____

Child lives with: _____

Notes regarding the family (i.e. remarriage, divorce, death or other pertinent event) _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last name: _____

Relationship to camper: _____

Home #: _____ Cell #: _____ Work #: _____

GENERAL CAMPER INFORMATION

Cabin mate requests (2 max, same age) _____

Church or faith community, if applicable: _____

School: _____

What is your child most **looking forward to** about camp? _____

Does your child have any **fears or concerns** about coming to camp?

What is your child's **swimming ability** or level? _____

Has the child **attended MPC** before? _____

How did you hear about camp? _____

Has either **parent ever been involved** with Manitoba Pioneer Camp? If so, when and in what capacity?

For every **friend you bring to camp** who has never been to a Pioneer Camp or Circle Square Ranch before, you qualify for a \$50 rebate or a \$75 discount towards next summer's camp. Please list their names here:

MEDICAL INFORMATION

(Manitoba) **6 Digit** Medical Number: _____

(Manitoba) **9 Digit** Medical Number: _____

Doctor's name: _____ Doctor's phone number: _____

Height _____ (feet and inches) Weight _____ (lbs)

Does your child have any **special health concerns**? If yes please describe:

Will your child require any **special assistance** while at camp? _____

If your child requires a one-on-one worker, please contact us and we will try to arrange something.

Does your child require an **EpiPen**? _____

Does your child have any **allergies** (food, drug or environmental)?

Is your child on a medically prescribed **dietary plan** or meal restriction? We are able to provide some specialties foods for campers and are able to store prepared meals brought from home.

Manitoba Pioneer Camp keeps **over-the-counter medications** for occasional use by campers to be dispensed at the discretion of our medical personnel. Please indicate if these medications may be administered:

Allergy formula	Yes	No
Cold formula	Yes	No
Antacid	Yes	No
Ibuprofen ('Advil')	Yes	No
'Tylenol' (Acetaminophen)	Yes	No
'Gravol' (Dimenhydrinate)	Yes	No
Anti-diarrheal formula	Yes	No

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

Does your child have **emotional** or **behavioural issues** that the camp should be aware of? Please also provide additional information that would be useful to our staff on how to address the aforementioned issues.

Does your child have or experience any of the following?

- Homesickness
- Headaches
- Anxiety, Depression, Mental Health Issues
- Eating Disorder
- ADD, ADHD
- Behavioural Issues
- Developmental Delays
- Sleep Problems, Sleep Walking, Nightmares, Terrors
- Bedwetting
- Asthma, Uses Inhaler
- Respiratory Ailments, Problems Breathing or Coughing
- History of Concussions, Blackouts, Fainting
- Stomach or Digestive Problems, Constipation, Diarrhea
- Diabetes
- Epilepsy, Seizures
- Speech, Vision or Hearing Problems
- Lice

Any **other conditions** your child is currently experiencing: _____

Does your child have any **restrictions on activity**? _____

Has your child been exposed to any **communicable diseases** within the last 3 months? _____

Are **immunizations** up to date including tetanus booster? _____

If not, is it for reasons of religious or conscientious objections? _____

If there is **anything you would like to discuss** with the camp medical staff, please indicate it here and be in touch

TRANSPORTATION

How will your child be **arriving at and departing from** camp?

- Bus (both to and from camp).
- Landing (i.e. parent provides transportation to and from the landing at Shoal Lake 39 First Nation).
- Other: _____

Note that campers will be charged a \$50 transportation fee regardless of their mode of arrival. For campers with private transportation, this fee covers the road toll levied by Shoal Lake 39 First Nation for the upkeep of Shoal Lake Road. If more than one camper is coming in the same vehicle, the fee applies per vehicle rather than per camper.

WAIVERS AND CONDITIONS

Medical Waiver

The medical information given is correct, to my knowledge, and the person herein described has permission to engage in all prescribed camp activities, except as noted by myself. The camp retains the right to dismiss any camper whose condition has not been disclosed to the camp staff. Each camper must be covered by medical insurance prior to arrival at camp and must extend throughout their entire time at camp.

Nut/Peanut Policy

Inter-Varsity's Manitoba Pioneer Camp cannot guarantee to be a nut/peanut free environment. We do seek to reduce the risk of exposure and therefore do not use or serve peanuts, peanut products or tree nuts on camp property. Nuts or products containing nuts will not be available in our Tuck Shop(s). However the food we purchase may contain traces of nut products. Please do not send any food items to or with your camper that contain nut products (this includes chocolate bars, granola bars, etc.). Any items containing nut products will be removed from the camp.

Authorization for treatment

1. I hereby authorize the Camp personnel to handle any medical problems with my child during his/her stay at Camp.
2. In the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at Camp, we will attempt to notify the parents as soon as possible. The parent/guardian will be responsible for any additional expense for additional care or transportation.
3. In case of surgical emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anaesthesia, or surgery for my child named on this application.
4. I will inform the camp if my child has had any changes in health, including any communicable disease within the three weeks prior to his/her stay at the Camp.
5. Manitoba Pioneer Camp has my permission to contact my family doctor as necessary to ensure the best care for my child/ward.
6. I give permission to Manitoba Pioneer Camp to give over-the-counter medications, except those I have explicitly requested not be given.

Conditions of Enrolment

1. I, the parent/guardian submitting this application, have legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Manitoba Pioneer Camp, including a photocopy of the section of any court order referring to visitation rights.

2. The Camp Director reserves the right to dismiss a camper who, in the Director's opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp and/or whose behaviour is placing unacceptable constraints upon the staff and their responsibilities toward other campers. In the instance that a camper is dismissed from camp for any reason, the parents/guardians are responsible for pick-up of the dismissed camper.
3. If the camper has any physical, emotional, developmental or behavioural need, particularly if it is a condition that would require special attention or exclude the camper from any Camp activity, describe fully on a separate sheet of paper. Manitoba Pioneer Camp retains the right to dismiss any camper whose condition has not been disclosed during the application process.
4. I, the parent/guardian of the herein named participant, release Inter-Varsity Christian Fellowship of Canada and Manitoba Pioneer Camp, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the herein named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein-named camper. This release is for both while the camper is on site and any camp-related off-site trip/activity. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance prior to arrival at camp and must extend throughout their entire time at camp.
5. I agree to permit reasonable use of photos, videos or other pictures of the applicant camper in promoting Inter-Varsity's Camps and/or camp activities and programs, and/or Inter-Varsity Christian Fellowship in general in printed and/or electronic media.
6. Manitoba Pioneer Camp encourages our staff to keep in contact with campers periodically throughout the year. I permit such contact.
7. I give my permission for Inter-Varsity to communicate camp information or registration opportunities to me electronically.
8. I agree to reimburse Inter-Varsity's Manitoba Pioneer Camp for any willful damages caused by the applicant camper.
9. I understand that the use or possession of alcohol, illicit drugs, or cigarettes by campers is strictly prohibited.
10. I agree to be responsible for the payment of all fees due to the Camp by June 1, 2018. This registration is not complete until all fees are paid.
11. I have read and understand the Conditions of Enrollment, including the Cancellation Policy and Camp Information and hereby accept the conditions listed.

AUTHORIZATION: I have read the "Medical Waiver," "Nut/Peanut Policy," "Authorization for Treatment," and "Conditions of Enrollment" on this form and agree to their terms.

Parent / Guardian Name (Print) _____

Date _____

Signature _____

CANCELLATION POLICY

- More than one month prior to the start of camp: full refund less an administration fee of \$50.
- Between one month and two weeks prior to the start of camp: full refund less an administration fee of \$100 per week of camp.
- Less than two weeks prior to the start of camp: no refund.
- Exceptions will be made for medical reasons, in which case there will be a full refund less an administration fee of \$50 per week of camp.
- Dismissals due to disciplinary action, late arrivals or early departures: no refund.

FEE CALCULATOR

MACKINNON ISLAND CAMPS

		Ages		
Girls 1	July 8 - 13	8 - 16	\$415	\$ _____
Girls 2	July 22 - 27	8 - 16	\$415	\$ _____
Girls 3	July 29 - Aug 3	8 - 16	\$415	\$ _____
Classic Girls	July 22 - Aug 3	9 - 16	\$650	\$ _____
Camper-in-Training 2	July 29 - Aug 1	6 - 8	\$200	\$ _____
Boys 1	July 15 - 20	8 - 16	\$415	\$ _____
Boys 2	Aug 5 - 10	8 - 16	\$415	\$ _____
Boys 3	Aug 12 - 17	8 - 16	\$415	\$ _____
Classic Boys	Aug 5 - 17	9 - 16	\$650	\$ _____
Fuel	Aug 26 - 31	13 - 16	\$415	\$ _____

CASH ISLAND CAMPS

Discovery Boys 1	July 8 - 13	7 - 11	\$415	\$ _____
Camper-in-Training 1	July 15 - 18	6 - 8	\$200	\$ _____
Discovery Boys 2	July 22 - 27	7 - 11	\$415	\$ _____
Discovery Girls	Aug 12 - 17	7 - 11	\$415	\$ _____
Sailing Camp	Aug 19 - 24	13 - 16	\$620	\$ _____

TRIPPING & LEADERSHIP CAMPS

Voyageur Girls	July 13 - 20	13 - 16	\$460	\$ _____
<i>Girls 1 + Voyageur</i>	July 8 - 20	13 - 16	\$650	\$ _____
Voyageur Boys	July 20 - 27	13 - 16	\$460	\$ _____
<i>Boys 1 + Voyageur</i>	July 15 - 27	13 - 16	\$650	\$ _____
Challenge	July 29 - Aug 17	15 - 16	\$1400	\$ _____
Expedition	Aug 19 - 28	14 - 15	\$735	\$ _____
LIT Girls	July 4 - Aug 4	16 - 17	\$1250	\$ _____
LIT Boys	July 18 - Aug 18	16 - 17	\$1250	\$ _____

Transportation Fee \$50 \$ _____

This fee covers either bus transportation or the road toll, for those who are driven to the landing.

If more than one camper is coming in the same vehicle, the fee applies per vehicle rather than per camper.

Subtotal \$ _____

GST (5%) \$ _____

Tuck Shop Deposit: \$ _____

Total Fees \$ _____

SCHOLARSHIPS AND OUTSIDE FUNDING

Any application to the Manitoba Camping Association's Sunshine Fund must be approved before your camp registration can be processed. Please note that the Sunshine Fund covers up to \$700, and any fees above and beyond must be covered by the parents.

Please indicate here if you are applying to the Sunshine Fund _____

To apply to Manitoba Pioneer Camp for a scholarship, please fill out the separate Scholarship Application.

PAYMENT METHOD

Manitoba Pioneer Camp offers several payment plans for your camp fees. Please choose one of the following options for your payment schedule:

- Full Payment by Credit Card
- Full Payment by Cheque (made payable to Manitoba Pioneer Camp)
- No deposit now, balance June 20
- No deposit now, remaining Balance in three installments April 1st, May 1st, June 1st

Applications submitted after June 20st must be accompanied by full camp fees. Post-dated cheques are accepted with approval from the camp office.

CREDIT CARD PAYMENT:

Name on card: _____

Card # _____ - _____ - _____ - _____ Amount: \$ _____

Expiry Date: ____ - ____ CVS# _____ Signature: _____

Please remit completed forms to:

Mailing address Manitoba Pioneer Camp
 PMB #321, 30-360 Main St, Unit 13B
 Winnipeg, MB
 R3C 3Z8

Fax 204-817-7017

Email mpc@pioneer camp.ca

Street address 75 Albert Street (For dropping off forms in person. Please do not mail to this address.)

Phone 204-788-1070

Upon registration you will receive a camper information package by email, including an invoice for any outstanding fees.