



# ESCAPE

SABC  
SUMMER CAMPS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  M  F Birthdate: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Grade completed (June '10): \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Child Lives with: Mother Father Other

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

\*\*\*Your summer camp confirmation and any additional correspondence will be sent to the email address provided above.

Another person who may be contacted in event of an emergency:

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

Ph Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## Medical Information

Health Care # \_\_\_\_\_

Any food or drug allergies?  Y  N Any medications required?  Y  N

If you answered "Yes" to either of these questions, please include a note with details.

May the following medications be administered if necessary?

- Tylenol  Y  N
- Advil  Y  N
- Cough Syrup  Y  N
- Allergy Medication  Y  N
- Gravol  Y  N
- Throat Lozenges  Y  N

This camper has medical, emotional, or social challenges for which they have been in the care of a doctor. (Eg. Asthma, seizures, ADD/ADHD, FAE/FAS, headaches, sleep disorders, eating disorders, bed wetting, etc.) If yes, please attach a detailed note of challenges.  Y  N

Family Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

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

**Camp Info & Activities:**

Cabinmate: \_\_\_\_\_

Camp & Date applying for: \_\_\_\_\_

Due to limited space, only one camp per child please (not including parent/child camps)

If applying for an **Adventure Camp, The Plunge, or Club Ed**, please number (1-5) the following skills in order of preference. Adventure campers will be placed in two of their chosen skills. Plunge and Club Ed campers will be placed in one of their chosen skills.

- Archery     Crafts     Canoeing     Soccer     Pellet Guns     Guitar(Gr 4+)
- Sailing     Kayaking     Sport Sword     Fishing     Mtn Scooters     Mtn Biking (Gr 4+)
- Rocketry \$20     Windsurfing (Gr 4+)     Rip Stik
- Theatre Sports     Waterskiing (Gr 4+) \$30

If applying for a **Blam or Wham Camp** please number (1-5) the following skills in order of preference. Campers will be placed in two of their chosen skills.

- Archery     Crafts     Canoeing     Soccer     Pellet Guns     Kayaking
- Sport Sword     Fishing     Mtn Scooters     Tubing \$30     Rocketry \$20
- Rip Stik     Theatre Sports

If applying for **Elements Camp** please number (1-3) the following skills in order of preference. Elements campers will be placed in one of their chosen skills.

- Kayaking \$75     Guitar     Buffet     Photography     Mtn Biking
- Windsurfing     Waterskiing \$75     Sailing     Art Studio \$20
- Climbing \$20

**Fee Calculation**

Enter the Cost of the Camp \$ \_\_\_\_\_  
 Camp Store \_\_\_\_\_  
 Shirt Size: \_\_\_\_\_  Water Bottle  DVD \$ \_\_\_\_\_  
 Family Discount (if applicable) \$ \_\_\_\_\_  
 Enter the Skill Fee (if applicable) \$ \_\_\_\_\_  
 Enter Tuck Deposit (for your child to purchase snacks from camp store) \$ \_\_\_\_\_  
 Enter Staff Fund Donation (optional) \$ \_\_\_\_\_  
 Most of our summer staff are college students who give of their summer and receive minimal pay. We have set up a "staff fund" to allow you to give to staff who need help to return to school. Your gift is 100% tax deductible.  
 TOTAL AMOUNT OWING \$ \_\_\_\_\_

**Payment Options:**

- Payment in full enclosed (cheque, cash, money order)
- Two cheques enclosed
  - \$40 deposit dated for today's date
  - Balance post-dated for June 15
- \$40 deposit and request application for sponsorship
- Please charge my TOTAL FEE to my:  VISA  MasterCard

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

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

- Full payment **must** accompany registrations, with exception of sponsorship applicants.
  - Please make all cheques payable to SABC. We prefer payment for each child to be made with separate cheques for ease of processing.
  - Record the date of your post-dated cheque as there is a \$20 NSF fee.
  - Confirmation of your acceptance, as well as more detailed information regarding what to bring to camp, registration day procedures, and closing programs will be sent to you upon processing this completed registration form.
  - SABC's cancellation policy is to withhold the \$40.00 deposit for cancellations made more than two weeks prior to camp starting. If cancellation is made within two weeks to the start of the program no refund of camp fees will be issued unless the cancellation is due to illness and a doctor's note is provided.
- All donations are non-refundable once processed.

**Office Use Only**

| Method | Date | Amount | Post Date | Amount | Sponsor | D&J |
|--------|------|--------|-----------|--------|---------|-----|
|        |      |        |           |        |         |     |