



CONTACT INFORMATION:

Mailing Address:

403 13th Street
Brandon, MB R7A 4P9
Phone: 1 (204) 727-2380
Email: camp@brandon.anglican.ca

May – August camp contact:

Phone: 1 (204) 848-2211

Facebook Page: <https://www.facebook.com/amc1950>

Camper Registration 2025

TEEN CAMP (GRADES 7&UP): **JULY 4-10**, INTERMEDIATE CAMP (10-12): **JULY 12-18**,
JUNIOR CAMP (8-10): **JULY 20-26**

Personal Information

Name of Camper: _____

Birthdate (dd/mm/yyyy): _____ Gender: _____

Name of Parent(s)/Guardian(s): _____
(if applicant is under 18 years old)

Address: _____

Phone #: _____ Alternate Phone #: _____

E-mail: _____

Home Church (if applicable): _____

Does the camper take communion? Y () N ()

Camper's swimming experience or level: _____

To which Camp are you applying?

Junior (8-10): () Intermediate (10-12): () Teen (Grades 7&up): ()

Registration cut-off for all camps: June 17 (\$350)



Early-bird Registration: May 31, 2025 (\$300) Save \$50!

Camper's previous camping experience, if any: _____

Cabin assignment requests: _____

Please list any food preferences that the camper has (e.g. vegan, vegetarian, sensitivities):

T-shirt size: S () M () L () XL () 2X () 3X ()

Camp Fees:

Junior, Intermediate and Teen: **\$300** (Early-bird on or before May 31) and **\$350** (by June 17)

If financial assistance is required, please feel free to contact the Sunshine Fund through the Manitoba Camping Association at www.mbcamping.ca/sunshine-fund, your parish, or, lastly, the camp itself.

Signature: _____

Date: _____

Waiver and Release

Ropes Course

In consideration of being permitted to participate in safe operation of the Low Ropes Course and all of its subsequent features, the following regulations are in effect:

During the use of the ropes course and related equipment, users agree to:

- Participate in mandatory safety orientations;
- Only use the ropes course when it is open and only use the ropes course in a safe manner.
- Restrict user's participation to obstacles that they are able to safely use;
- Limit use of obstacles to the intended use and no other use.

No Low Ropes Course activities will occur when it is raining or the course is in a slippery condition. Access to the Low Ropes Course shall be limited to only when an approved supervisor is present.

Campers Initials: _____

Releasor's Initials: _____

Waterfront Activities

In consideration of being permitted to participate in safe operation of canoes and use of the waterfront, the following regulations are in effect:

During the use of canoes and related equipment, users agree to:

- Wear an appropriate PFD (personal floatation device)
- Carry an emergency bucket in their canoe.

During the use of the waterfront for swimming/bathing activities, users agree to:

- Provide a supervisor of at least 18 years for any participants under the age of 18.
- Restrict activities to a safe distance from the waterfront as marked by boundaries.
- Limit water entry to feet first. Water depth does NOT allow for diving.

No waterfront activities should occur within 20 minutes of thunder/lightning or storm activity. Waterfront shed must be unlocked (see staff for key) and accessible for waterfront activities. By Parks Canada regulations, water vehicles are not permitted to be moored overnight.

Campers Initials: _____

Releasor's Initials: _____

Failing to uphold these guidelines during any **Low Ropes Course or Waterfront** activities scheduled for _____ to _____, 2025, run and/or operated by Anglican Memorial Camp (the 'Releasee') of Clear Lake, Manitoba, I, _____ (the 'Releasor'), as parent or guardian of the Camper, of _____, Manitoba, WAIVE, RELEASE, and DISCHARGE the Releasee, his heirs, executors, administrators, legal representatives and assigns from liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Camper, which has been or may be sustained in consequence of the Camper's participation in the activities described above, and notwithstanding that such damages, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand same, and that I am freely and voluntarily executing same.

By signing this release, I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that the Camper may sustain while participating in or preparing for the above noted activities.

Releasor's Initials: _____

Photography & Social Media

(☐) **I DO** (☐) **I DO NOT** give permission to the Diocese of Brandon Anglican Memorial Camp to include my child in photo images and video footage that may be used for promotional purposes. These may include camp memories CDs/DVDs, camp website, newsletters, brochures, posters, or the camp Facebook page. These pictures and/or videos become property of the Diocese of Brandon.

(☐) **I DO** (☐) **I DO NOT** agree to allow the Diocese of Brandon to share personal information (name, address, phone number, e-mail) **only** with camp staff and camp committee members. This will allow them to send you news about future camps and occasional gifts!

Releasor's Initials: _____

(Print Camper Name)

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

Confidential Medical Information

Name of Camper: _____

Birthdate (dd/mm/yyyy): _____ Gender: _____

Name of Parent(s)/Guardian(s): _____
(if applicant is under 18 years old)

Address: _____

Phone #: _____ Alternate Phone #: _____

MHSC: _____ PHIN: _____

Family Physician: _____ Phone #: _____

Clinic Address: _____

Emergency Information

During the camp session, how can the camp staff contact you in case of an emergency? _____

In the event that the camp is unable to contact the parent(s)/guardian(s), please list alternate contacts:

1. Name: _____ Phone #: _____

Relationship to camper: _____

2. Name: _____ Phone #: _____

Relationship to camper: _____

Health Information

Camper's COVID-19 vaccinations:

Doubled vaxxed? Y () N () Booster(s)? Y () N ()

Camper's other immunizations are up to date? Y () N () Date of last tetanus shot: _____

Is the camper subject to the following conditions (Give details, including medication & management styles) Asthma: _____

Diabetes: _____

Ear/throat infections/tonsillitis/sinusitis: _____

Dietary concerns/restrictions: _____

Other chronic mental and physical conditions: _____

Allergies

Does the camper have any allergies? Please give details about the type and severity of the allergic reaction: _____

Does the camper wear a medical alert identification? Y () N ()

Does the camper carry an EpiPen? Y () N ()

Does the camper carry an inhaler? Y () N ()

Is the camper taking any prescribed medications? Y () N ()

Is the camper taking over the counter medications? Y () N ()

Please list **ANY AND ALL** medications that the camper is taking and provide any and all details concerning how and when they are to be taken. Use last page if more space is needed.

Please note: for safety and legal purposes, all prescription and non-prescription medications should be in their original container. We ask that medications not be left with the camper, but with the camp health officer (with the exception of EpiPens and “emergency” asthma inhalers, which campers should have with them at all times).

Additional Information

Is there anything we should know that would help us better to understand the camper? (e.g. behavioural or emotional challenges, bed-wetting, likes/dislikes, worries or concerns about being at camp)

To the best of my knowledge, the camper is in good health. I will notify the camp if the camper is exposed to an infectious disease during the three-week period prior to camp.

I give my approval for the camp to administer over-the-counter medications if necessary. (If not in agreement with this policy, please cross out and initial.)

In the event of a medical emergency, I understand that every effort will be made to contact the parent(s)/guardian(s). in the event that I/we cannot be reached, I/we give permission to the physician selected by the camp director or his/her designate to hospitalize, secure proper treatment, order medications, anaesthesia, or surgery for the camper named above. In the event medication, medical advice treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/Medical Insurance.

I agree that the Camp Administrator reserves the right to dismiss a camper who is a hazard to the health, safety or rights of others or is not conforming to the reasonable expectations of the camp.

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

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PARENTS, KEEP THIS PAGE!

Drop off/arrival: 3 p.m. on the first day of camp

2025 Camp Dates

Teen Camp: July 4 – 10

Intermediate Camp: July 12 – 18

Junior Camp: July 20 – 26

Pick up: 11 a.m. on the last day

Recommended Packing List

- long pants and shorts
- sweatshirt
- modest bathing suit
- long-sleeved shirt and t-shirts
- pajamas and underwear
- toiletries
- hat and sunscreen
- raincoat and boots
- non-aerosol insect repellent (strongly recommended)
- jacket
- towels
- flashlight
- bible
- running shoes and socks
- books to read
- water bottle
- tuck money (recommended \$10 per week)- unused money will be refunded at end of camp
- registration forms if not mailed in beforehand
- pillow and sleeping bag or sheets
- sunglasses