



## CONTACT INFORMATION:

### Mailing Address:

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

### May – August camp contact:

Phone: 1 (204) 848-2211

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

# TEEN CAMP LEADERSHIP TRAINING REGISTRATION

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**Please fill in all questions on this form. If a question does not apply, write “N/A”.**

TEEN CAMP (13-18): JULY 19 - JULY 25

## 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: \_\_\_\_\_



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

*Early-bird Registration: May 31, 2026 (\$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:**

Teen camp: **\$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](http://www.mbcamping.ca/sunshine-fund), your parish, or, lastly, the camp itself.**

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

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

# Waiver and Release

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## 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 \_\_\_\_\_, 2026, 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

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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/throatinfections/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.

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**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)

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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.

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(Print Name of Parent/Guardian)

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(Signature of Parent/Guardian)

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(Date)

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## PARENTS, KEEP THIS PAGE!

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

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

### 2026 Camp Dates

Teen Camp: July 19 - 25

#### 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