



STARRIGAN HOLIDAY CAMP 2016

July 18-22

The Salvation Army NL Division
(Ages 7-12 by December 31, 2016)

Deadline: June 20, 2016

Holiday Camp at Camp Starrigan covers the Eastern portion of Newfoundland. Transportation can be provided in the following locations: The Salvation Army Citadel on Adam's Avenue St. John's, Moorland Motel Whitbourne, Salvation Army Grand Bank, Salvation Army Marystown, Clarenville Irving on TCH.

Please be sure to check whether or not transportation is required on the next page.

Complete **all** details of this application, secure all required signatures and enclose registration fee.

Incomplete applications will be returned.

Acceptance will be based on program and accommodation, (i.e. date received, program requirements, male/female ratio, etc.)

CAMP FEE/DEADLINES/REFUNDS
The Standard Fee is \$110.00 (which includes a \$25.00 non-refundable deposit) Full payment is required by deadline date. All cheques/money orders should be made payable to your Corps/Family Services Unit. If refund is required a written request for refund must be sent to Divisional Headquarters before September 1st by your Corps/Family Services Unit.
Families with a gross income of less than \$40,000 per year are eligible for financial consideration/reduced fee based on income level. Please contact your local Salvation Army Unit/Family Services Office for more information. Proof of income will be required in order to determine eligibility.
<p align="center">Corps Officer or Family Services Office Use Only</p> <p align="center">Please check box if eligible for financial consideration <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">If yes, please indicate the level of reduced fee based on the 2016 guidelines:</p> <p align="center"> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 </p>

Please return all completed applications to your local Salvation Army Unit.

For all inquiries regarding our camps please email Kristy_Moss@can.salvationarmy.org or call 579-2022.

Salvation Army Camping Newfoundland and Labrador



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Camper Information		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City/Town:	Province:
Postal Code:	Birthdate MM/DD/YYYY:	MCP (Optional):
Parent/Guardian Email:		Ministry Unit:
Parent/Guardian Tel Home:		Business/Cell:
<hr/>		
Parent/Guardian Signature		Date
Is Transportation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Desired pick-up location in list provided: _____		

I understand that my child may be photographed while participating in the camp program. I give permission for The Salvation Army to use these photographs for camp promotion. I understand that non-recognizable group pictures may also be used. ☐ Yes ☐ No

Additional Emergency Contacts (Please Provide 2)	
Contact #1:	Contact #2:
Relationship to child:	Relationship to child:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone#:
Email:	Email:

I hereby recommend that the above named applicant be accepted for the camp indicated.

I also certify that he/she meets the requirements for attendance (where applicable).

Corps Officer/Youth Pastor/Family Services Officer Signature

Date



**The Salvation Army Newfoundland & Labrador Division
Holiday Camp 2016 Medical Form**



We want to provide the best camp experience possible for your child. To assist us, please complete this form in its entirety.

Personal Information			
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address:	City/Town:	Province:	
Postal Code:	Email:		
Birthdate (MM/DD/YYYY):		Home Phone #:	
MCP (Optional):			

Medical Information			
Allergies (Please Specify)	Reaction (Please Specify)	Severity (Mild, Medium, Severe)	Treatment/Medication Required
Medication: (Penicillin, Sulfa, Cephalosporin, Anesthetic, etc)			
Foods: (Eggs, fish, nuts, food dye, gluten, etc)			
Insects: (Bee stings, wasp, fly bites)			
Environmental: (Pollen, hay, dust, etc)			
Dietary Needs: (Diabetic, vegetarian, lactose intolerant, etc)			

Does the camper carry an: ☐ ana kit? Or ☐ epi-pen

Does the camper know how to use an : ☐ ana kit? Or ☐ epi-pen

Medications being brought to camp: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Condition:	Medical Name:	Dosage:	Frequency/When Taken:
Condition:	Medical Name:	Dosage:	Frequency/When Taken:
Condition:	Medical Name:	Dosage:	Frequency/When Taken:

All non-prescription medications, e.g. Tylenol, Vitamins, must come to the camp in their **original packages** clearly labeled with the campers name and instructions. All prescribed medication must also come in their **original container with a clear pharmacy label** including current dose and frequency for medication to be given at camp. Prescriptions must only be in the camper's name and not past expiration date.

If these requirements are not met, the nurse cannot administer the medications.

Consent

To the best of my knowledge my child is in good health. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be returned home if Camp Staff deems head lice conditions severe. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, Hydrogen Peroxide, head lice treatment, etc.) if deemed necessary by the Camp Nurse or First Aid provider. I hereby give permission for my child to be administered prescription drugs provided and if my child has a medical emergency I hereby give permission to have the Camp Director refer my child to the hospital for treatment and to transport my child to the hospital. I also understand that the Camp Director will keep me informed of any emergency plans by phoning me at either contact number as noted under emergency contact information. By signing I also agree to the conditions of enrollment.

Signature of Legal Guardian/Parent

Date



Holiday Camp 2016
Terms and Conditions of Enrollment
Deadline June 20, 2016

- Ensure a completed medical form (one form per camper) is submitted with the application. This form is for the health and safety of your child while at camp. All medical information will be kept strictly confidential, safely stored, and destroyed at the end of the camping season.
- Application and payment must be returned to your local Salvation Army Unit. Salvation Army personnel must endorse all applications in order to be processed.
- Electronic devices are permitted at camp BUT NOT permitted during sessions.
- We recommend that visitors refrain from visiting the campgrounds, as this disrupts the routine of camp and the children. Only emergency contacts are allowed to pick up or drop off child before camp is finished; identification needs to be presented to the Camp Director.
- The health and safety of every child is very important; therefore, trained staff closely supervise every activity. A lifeguard is on duty at the pond for swimming/canoeing and a nurse/qualified first aider is equipped and operates out of a fully functional first aid station.
- The Salvation Army is not responsible for damage or loss of personal property.
- All video and photographs taken by The Salvation Army are the property of The Salvation Army and may be used for promotional purposes only. No personal information will be used for promotional purposes and no records will be kept after the camping season.
- The Salvation Army camps reserve the right to dismiss a camper for inappropriate behavior. The safety and security of our campers is always of highest priority.
- Inappropriate or revealing clothing are not acceptable on campgrounds.

Parent/Guardian Consent:

As the parent/guardian of the camper I have read the above. I understand and accept the Terms and Conditions of Enrollment. I hereby consent to my child attending The Salvation Army camp. I also give permission for him/her to participate in all camp activities and accept The Salvation Army to take and use photos for promotional purposes. I have disclosed to The Salvation Army all relevant medical and physical information with respect to my child.

Signature of Parent/Guardian:

Date:



Camp Packing Checklist

Here is a helpful checklist to assist you when packing for your child to come to camp.



- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Shampoo & Soap
- ☐ Face Cloths and Towels
- ☐ Sleeping Bag
- ☐ Pillow
- ☐ Sneakers

- ☐ Swim Wear (including water shoes)
- ☐ Hair Brush
- ☐ Socks and Underwear
- ☐ Flashlight (Optional)
- ☐ Sunscreen
- ☐ Hat (Optional)
- ☐ Jacket/Sweater

