

**Family Camp Weekend**

**Redberry Lake**

**JUNE 14, 15 & 16, 2019**

**Come and have fun! There will be horseback riding, wall climbing, skateboarding, archery, swimming and lots of time to visit with friends. Bring your family along !**

**Sask A.G. Bell Association for the Deaf and Hard of Hearing** encourages children with a hearing loss (Kindergarten to Grade 8) and their families to come and enjoy the fun at Redberry Lake. The camp activities will be directed by the staff of Redberry Lake Bible Camp.

**Camp will begin at** **6:00 PM on the evening of Friday, June 14th and finish at 1:00 PM (after lunch) on Sunday, June 16**th.

Please note:

**\* All campers must be pre-registered by June 7th.**

\* Supper will be provided on Friday evening.

\* Parents must make arrangements for their children to be transported to and from camp. Arrival at 6:00 PM on Friday, June 14th and pick-up at 1:00 PM on Sunday, June 16th.

\* **AN ADULT MUST ACCOMPANY CHILDREN UNDER THE AGE OF EIGHT**. The adult can be a volunteer and help with various assigned duties. (When the adult is a volunteer, there is no registration charge. If you wish to accompany your child but do not wish to help as a volunteer, you must register as a guest and pay the registration costs)

\* If camp costs create a financial problem please contact us at the number below.

**For further information contact Monica Fuller: Text at (306) 280-8757 or email** **fullermonica@hotmail.com**

**How to get to Redberry Bible Camp:** Take Highway #12 north from Saskatoon toward Blaine Lake. After crossing Petrofka Bridge, take the first left hand turn at the top of the hill. It is marked with a sign for Redberry Bible Camp. Follow the signs on the grid roads to reach the camp.

**REDBERRY CAMP REGISTRATION JUNE 14, 15 & 16, 2019**

Child’s Name:

Male Female Age Grade Oral SIGN

Address:

 (Street) (Postal Code)

 (City / Town) Home Phone

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:

Medication (send full instructions):

Emergency Contact Name and Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Needs:

Medicare #: Other (MSI etc.)

Family Doctor: Phone Number:

***REGISTRATION FEES:***

**First child in thefamily:** $60.00 (name listed above – includes complimentary Sask AGBell family membership)

**Other children in family:** $30.00 each (provide list with name, age, grade, sex, hospitalization number, allergies)

**Adult volunteer(s):** No charge Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

(Maximum 2 volunteers per family)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

**Adult guest(s)** $60.00 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

(For adults who do not wish to volunteer)

**TOTAL ENCLOSED: DEADLINE JUNE 7, 2019**

Make cheque payable to SASK. A.G. BELL ASSOC. and mail with registration form and liability waiver to:

Wendy White, 145 Clearwater Road, Saskatoon, SK S7K 3Y8

OR

Register by email giving names and ages of children and names of adults and pay via Interac e-transfer to the.whites@sasktel.net Fill out the registration form and the liability form and bring them with you to the registration table at camp

**Liability Waiver**

1. The Executive Director reserves the right to dismiss the camper who in his opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. The parent/guardian certifies that the applicant camper is in normal condition and habits and is amenable to necessary discipline.

2. The parent or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights.

3. While every precaution is taken for the safety and good health of our campers, Redberry Bible Camp, its directors, or the employees of facilities outside of the campgrounds are hereby released from all liability in the event of an illness or accident or misfortune that may occur to the applicant camper. Each camper must be covered by Provincial Health or equivalent medical insurance.

4. The signature of the parent or guardian on this application shall give the Executive Director the right to arrange for any special services or other requirements necessary for the best interest of the camper, and shall give the Executive Director the right to approve and obtain medical attention necessary for the campers welfare and good health including injection, anesthesia or surgery. It reaffirms that all the information on the application/health record is accurate. In such a situation the camp will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.

5. I give Redberry Bible Camp and/or its designates permission to take my child off-site to

various program activities.

6. I understand that appropriate pictures are taken of various camp activities, and give permission to Redberry Bible Camp to use those pictures on any publication, advertising or web site.

**Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Please list all of your children who will be at camp)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SUGGESTED PERSONAL KIT LIST

### PLEASE LABEL ALL BELONGINGS CLEARLY

FLASHLIGHT (GOOD BATTERIES)

SLEEPING BAG AND PILLOW

PLASTIC SHEET FOR MATTRESS (Optional)

PYJAMAS

RUNNING SHOES

SANDALS

RAINCOAT

RUBBER BOOTS

SUN HAT

2 PAIRS OF PANTS

1 PAIR OF JEANS FOR HORSEBACK RIDING

2 PAIRS OF SHORTS

1 WARM SHIRT

2-3 SHORT SLEEVED SHIRTS

SWIMSUIT AND TOWEL

WARM JACKET FOR EVENINGS

SOCKS & UNDERWEAR

HEARING AID/COCHLEAR IMPLANT

 BATTERIES AND STORAGE CASE

PLASTIC BAG FOR HEARING AIDS OR

 COCHLEARIMPLANT

GARBAGE BAG FOR DIRTY CLOTHES

SUNSCREEN

INSECT REPELLENT

BOOK

BRUSH/COMB

TOOTHBRUSH AND PASTE

PLASTIC CUP

SOAP (IN CONTAINER)

FACECLOTH & TOWEL

**IMPORTANT FOR CAMPERS ATTENDING WITHOUT PARENTS:**

ANY NECESSARY MEDICATION (WITH CLEAR INSTRUCTIONS) MUST BE GIVEN TO THE

STAFF UPON ARRIVAL

**DO NOT BRING**: SOFTDRINKS, CANDY, GUM, SUNFLOWER SEEDS OR OTHER SNACKS; KNIVES, HATCHETS, ELECTRONICS, ETC: