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# 2019 CSR WOLF CREEK CAMPER APPLICATION

## CAMPER INFORMATION

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

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Camper's Date of Birth: MM-DD-YYYY Age at Camp: \_\_\_\_\_ Gender:  M  F

Room/Group mate choice: (only two requests - should be same age) \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION (whom the camper is living with)

Camper lives with:  Both Parents  Mother  Father  Guardian  Foster Parent  Joint

Mother/Guardian: (Full Name) \_\_\_\_\_

Cell/Bus #: \_\_\_\_\_

Father/Guardian: (Full Name) \_\_\_\_\_

Cell/Bus #: \_\_\_\_\_

Parent Email: (Confirmation will be sent to this address) \_\_\_\_\_

3rd Party Emergency Contact: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you learn about CSR?  Relative  Friend  Church  Website  Facebook  Other

Referred by: (Please give friend or relative's name) \_\_\_\_\_

Has camper or sibling attended CSR camp before?  Yes  No Location? \_\_\_\_\_

Is there a brother/sister attending this year?  Yes  No

Name(s): \_\_\_\_\_

Has either parent/guardian been involved with CSR?  Yes  No

If yes, please indicate your type of involvement:  
 Camper  Staff member  Volunteer Year(s): \_\_\_\_\_

Would you be willing to provide transportation for a child in your area?  Yes  No

## CAMP SESSIONS

Please indicate 1st, 2nd & 3rd choice of session

JUNIOR CAMPS		AGE	RATE	#
1	July 14-19 (Co-Ed)	6-9	\$390	
2	July 21-26 (Co-Ed)	6-9	\$390	
3	August 5-10 (All Girls)	6-9	\$390	
4	August 11-16 (Co-Ed)	6-9	\$390	

### WAGON CAMPS

1	<b>NEW</b> July 7-12 (boys/girls camp)	8-11	\$415	
2	July 14-20 (Co-Ed)	10-13	\$445	
3	July 21-27 (Co-Ed)	11-14	<b>*\$375</b>	
4	August 5-10 (All Girls)	10-13	\$445	
5	August 11-16 (Co-Ed)	9-12	\$415	
6	August 18-23 (Co-Ed)	12-15	\$445	

### TEENS & LEADERSHIP

#### NEW Crew 252

1	August 11-16 (Co-Ed)	14-15	\$295	
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#### LIT (Leaders-In-Training)

Spiritual and practical training for youth.  
 (Separate application required.)

2	July 2-20 (Co-Ed)	15-16	\$595	
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**\*There will be a surcharge depending on program track signed up for.**

	RATE	#
Horsemanship	\$100	
Marksmanship	\$75	
Outdoor Skills	\$50	

Office Use

Credit Card Date Rec'd: \_\_\_\_\_

Cheque Amt Rec'd: \_\_\_\_\_

Cash / Debit

Spons. Amt: \_\_\_\_\_ PD Date: \_\_\_\_\_

PP Tuck: \_\_\_\_\_ Bal Due: \_\_\_\_\_

We respect your privacy and never sell, trade, rent, or otherwise share personal information. All personal information received by InterVarsity is handled with strict confidentiality for the purposes of enrolling your child in InterVarsity Circle Square Ranch and for subsequent communication with you. If you have questions or concerns, please contact us at 306.698.2662.



# 2019 CSR WOLF CREEK CAMPER APPLICATION

www.csranchwolfcreek.ca

## CALCULATION AREA

Check here if registering for more than 1 week.

(see Camp Sessions) <b>Camp Fee</b>	
(see box) <b>Early Bird Discount</b> (subtract \$40 for all camps)	
(see box) <b>Less Any Discounts</b>	
<b>5% GST</b>	
<b>subTotal</b>	
(Optional) <b>Prepaid Tuck</b> We recommend \$20-\$25	
<b>Donate to Wolf Creek Scholarships</b> and help another child enjoy the CSR experience. Income tax receipts will be issued for donations over \$15.	
<b>Total</b>	

### Early Bird Discount

Register by February 28, 2019 and save up to \$40

### Family Discounts

\$30 off for 1st sibling and \$60 off for 3rd or more siblings

### Multiple Week Discount

Save \$30 for each additional week

### Bring a Friend Offer

For every first time camper that registers from your referral, you will receive a \$50 credit for summer 2020. See website for details.

\*Some discounts have restrictions. See website for complete details.

## SEND PAYMENT AND COMPLETED APPLICATION FOR PROCESSING

1. Full payment only when using Visa or MasterCard.
2. If paying by cheque, full payment or a deposit of \$150 per application, with the balance of fees enclosed as post dated cheque, dated no later than June 1, 2019. There will be a \$50 fee charged for NSF cheques.
3. After June 1, 2019 full payment to be made by credit card or money order.

**Cheque payable to:**  
**Circle Square Ranch Wolf Creek**

**Credit Card**  
 MasterCard  
 Visa

Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature \_\_\_\_\_

## HEALTH & SAFETY

Health and Safety are emphasized at all times at Circle Square Ranch.

We have a qualified medical person on staff and emergency services available within minutes of the camp property.

**Camper's Health Card #:** \_\_\_\_\_ **Expiry Date:** MM-DD-YYYY All campers must have medical insurance.

**Please answer the following questions. If applicable, attach a detailed note for any that you answer yes:**

- Does your child have any allergies (food, drug, environmental)?  Yes  No
- Does your child have any special health concerns?  Yes  No
- Does your child have any conditions (mental, physical or behavioural) that require medication or treatment while at camp?  Yes  No  
Please attach detailed note on the condition(s), medication(s) and dosage if 'Yes'. Due to the structure of our program, and for the benefit of your child, Circle Square Ranch requests that medication required throughout the year be sent with your child to camp.
- Is your child on a medically prescribed meal plan or dietary restriction?  Yes  No
- Does your child have emotional or behavioural issues that the camp should be aware of?  Yes  No
- Does your child have any conditions (mental, physical or behavioural), which requires one on one staff support?  Yes  No  
(Additional fee may apply. Please contact office for availability.)
- Are immunizations up to date including tetanus booster?  Yes  No  Conscience or Religious Exemption
- Date of last Tetanus Booster: MM-DD-YYYY \*If immunizations are not up to date, please plan to have them made current before camp.

**Has your child experienced, or is currently experiencing, any of the following conditions: (Please check all that apply & provide a detailed note)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD                                      | <input type="checkbox"/> Mental Health Issues/ Depression   | <input type="checkbox"/> Homesickness  |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Eating Disorder                    | <input type="checkbox"/> Sleep Troubles / Sleep Walking / Nightmares / Terrors |
| <input type="checkbox"/> Bedwetting                                    | <input type="checkbox"/> Epilepsy / Seizures                | <input type="checkbox"/> Restrictions on activity                              |
| <input type="checkbox"/> Concussions / Blackouts / Fainting            | <input type="checkbox"/> Headaches                          | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Stomach, Digestive or Constipation / Diarrhea | <input type="checkbox"/> Speech, Vision or Hearing Problems |  |

### Authorization for Treatment

1. I hereby authorize the camp personnel to handle any medical problems with my child during his/her stay at camp.
2. In the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at camp, we will attempt to notify the parents as soon as possible. The parent/guardian will be responsible for any additional expense for additional care or transportation.
3. In case of surgical emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named on this application.
4. I will inform the camp if my child has had any changes in health, including any communicable disease within the three weeks prior to his/her stay at the camp.
5. InterVarsity Circle Square Ranch has my permission to contact my family doctor as necessary to ensure the best care for my child/ward.
6. I give permission to InterVarsity Circle Square Ranch to give the Over the Counter medications checked off.

- |  |  |   |                                  |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Appropriate Cold Formula    | <input type="checkbox"/> Dimenhydrinate (Gravol) | <input type="checkbox"/> Acetaminophen (Tylenol)  | <input type="checkbox"/> Antacid |
| <input type="checkbox"/> Appropriate Allergy Formula | <input type="checkbox"/> Antidiarrheal Formula   | <input type="checkbox"/> Ibuprofen (Advil/Motrin) |                                  |

The medical information given is correct, to my knowledge, and the person herein described has permission to engage in all prescribed camp activities, except as noted by myself. The camp retains the right to dismiss any camper whose condition has not been disclosed to the camp staff. Each camper must be covered by medical insurance prior to arrival at camp and must extend throughout their entire time at camp.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

## CAMP INFORMATION

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**Fee includes** all meals while at camp, housing, use of all recreational equipment and facilities, instruction in activities, and awards.

**Fee does not include** transportation to and from the ranch or tuck shop purchases. We **do not** provide weekend accommodations for 2 week Campers.

**Financial assistance** is available for those who qualify and is at the discretion of the Ranch Director. Contact the office for information and a scholarship application. The deadline for applications is June 1, 2019.

**Nut/Peanut Policy:** InterVarsity Circle Square Ranch cannot guarantee to be a nut/peanut free environment. We do seek to reduce the risk of exposure and therefore do not use or serve peanuts, peanut products or tree nuts on camp property. Nuts or products containing nuts will not be available in our Tuck Shop(s). However the food we purchase may contain traces of nut products. Please do not send any food items to or with your camper that contain nut products (this includes chocolate bars, granola bars, etc.). Any items containing nut products will be removed from the camp.

**Cancellation Policy:** If you cancel more than two weeks prior to the start of camp, you will get a full refund less \$75/week administration fee. If you cancel less than two weeks prior to the start of camp, you will get NO REFUND except for medical reasons with a note from a doctor. In that case, you will get a full refund less \$100/ week administration fee. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures. Withdrawal during camp on physician's orders will result in the value of fees for the unexpired term being refunded.

**Confirmation of Enrollment** and camp information (what to bring, directions, arrival and departure, tuck shop) will be sent to the email or mailing address indicated on the application upon receiving your completed registration and payment. Final acceptance of applicant is at the discretion of the Camp Director.

## CONDITIONS OF ENROLLMENT

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1. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to InterVarsity Circle Square Ranch, including a photocopy of the section of any court order referring to visitation rights.
2. The Camp Director reserves the right to dismiss a camper who, in the Director's opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp and/or whose behaviour is placing unacceptable constraints upon the staff and their responsibilities toward other campers. This may range from missing an activity to complete dismissal depending on the situation. In the instance that a camper is dismissed from camp for any reason, the parents/guardians are responsible for pick-up of the dismissed camper.
3. If the camper has any physical, emotional, developmental or behavioural need, particularly if it is a condition that would require special attention or exclude the camper from any Camp activity, describe fully on a separate sheet of paper. InterVarsity Circle Square Ranch retains the right to dismiss any camper whose condition has not been disclosed during the application process.
4. I, the parent/guardian of the herein named participant, release Inter-Varsity Christian Fellowship of Canada and Circle Square Ranch, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the herein named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein-named camper. This release is for both while the camper is on site and any camp-related off-site trip/activity. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance prior to arrival at camp and must extend throughout their entire time at camp.
5. The parent/guardian agrees to permit reasonable use of photos, videos or other pictures of the applicant camper in promoting InterVarsity Camps and/or camp activities and programs, and/or InterVarsity in general in printed and/or electronic media.
6. InterVarsity Circle Square Ranch encourages our staff to keep in contact with campers periodically throughout the year. I the parent/guardian permit such contact.
7. I give my permission for InterVarsity to communicate camp information or registration opportunities to me electronically.
8. The parents/guardians hereby agree to reimburse InterVarsity Circle Square Ranch for any wilful damages caused by the applicant camper.
9. The use or possession of alcohol, marijuana, illicit drugs, or cigarettes by campers is strictly prohibited.
10. The parent/guardian agrees to be responsible for the payment of all fees due to the camp by June 1, 2019. This registration is not complete until all fees are paid.

**I have read and understand the Conditions of Enrollment, including the Cancellation Policy and Camp Information and hereby accept the conditions listed.**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
MM-DD-YYYY  
Date