



**ST. BONAVENTURE'S  
COLLEGE**

## **Summer Plus Camp 2021 Registration**

### **Section A – Parents**

	First Name	Last Name
Mother/Legal Guardian		
Father/Legal Guardian		

### **Section B – Participant**

Child's Name: \_\_\_\_\_  
Last Name First Name

School: \_\_\_\_\_ Grade (as of September 2020): \_\_\_\_\_

### **Section C – Payment Information**

An invoice will be emailed to you after registration is received.

Payment Option (Please select one):

\_\_\_\_\_ EMT \_\_\_\_\_ Credit Card (invoices can be paid online)

Camp Session(s):

\_\_\_\_\_ ALL SESSIONS \$1160.00 - 2 installments of \$580 due Friday, June 4, 2021 & June 25, 2021.

\_\_\_\_\_ Session 1 (July 5-9) Full payment of \$200.00 due Friday, June 4, 2021.

\_\_\_\_\_ Session 2 (July 12-16) Full payment of \$200.00 Friday, June 4, 2021.

\_\_\_\_\_ Session 3 (July 19-23) Full payment of \$200.00 due Friday, June 4, 2021.

\_\_\_\_\_ Session 4 (July 26-30) Full payment of \$200.00 due Friday, June 4, 2021.

\_\_\_\_\_ Session 5 (August 2-6) Full payment of \$160.00 due Friday, June 4, 2021.

\_\_\_\_\_ Session 6 (August 9-13) Full payment of \$200.00 due Friday, June 4, 2021



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COLLEGE**

### **Section D – Consent & Signature**

- I hereby register my child(ren) to attend St. Bon's Summer Plus Camp.
- I consent to receive email communication from St. Bonaventure's College and understand I can unsubscribe anytime by contacting the program coordinator or by clicking the unsubscribe button in Constant Contact emails.
- I give St. Bonaventure's College permission to use my child's photo. I understand that these images may be used in print publications, advertisements, and online for St. Bonaventure's College. My child's full name will not accompany their photo.
- I am familiar with all camp policies and will respect and adhere to them.
- I agree to pay registration in accordance with the payment option selected.
- I understand this registration will only be considered complete if all required information has been completed.
- I understand I will be charged a \$25 fee for each NSF payment.

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Parent/Guardian Signature

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Date



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COLLEGE**

## Emergency Medical Treatment Authorization

I/We, \_\_\_\_\_ hereby authorize the counsellor in charge of \_\_\_\_\_ (child's name) to secure emergency medical advice and services as may be deemed necessary for the health and safety of our daughter/son (the "child") while participating in activities both on and off campus for Summer Plus Camp. We hereby authorize the counsellor in charge to act generally on behalf of the child and as fully in/all aspects as we would reasonably do AND we hereby agree to accept financial responsibility for any excess of the benefits allowed by the Provincial Health Plan and undertake to save harmless and indemnify St. Bonaventure's College from all claims, demands actions or suits which may be brought against St. Bonaventure's College in respect to any matters or things hereinbefore set forth.

Dated in the City of St. John's, this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

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

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

Parent/Guardian's Name, Address &  
Telephone/Cell #/Email:

Parent/Guardian's Name, Address &  
Telephone/Cell #/Email:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Plans with Numbers:

\_\_\_\_\_

Other Medical Plans with Numbers:

\_\_\_\_\_



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## Field Trip Permission Form

As part of St. Bonaventure's Summer Plus Camp, we will be going on field trips to Bannerman Park. This field trip will provide your child with more outdoor activities.

On the days that we plan to walk to Bannerman Park, your child should bring the following:

- appropriate walking footwear
- sunscreen
- sun hat
- layer clothing
- water bottle

I/We, hereby acknowledge that certain RISKS OF INJURY are inherent to participate in learning activities outside the school campus. These types of injuries may be minor or serious and may result from one's actions, or the actions or inaction of others, or a combination of both.

I/We understand that the Rules and Regulations established for the field trip are designed for the safety and protection of the participants and hereby undertake to inform my child to abide by these rules and regulations.

- ☐ I/We declare having read and understood the above information in its entirety and hereby consent to allow my/our child to participate, acknowledging all of the foregoing.
- ☐ I/We do NOT give my/our child permission to participate.

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Parent/Guardian Signature

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Date



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## St. Bonaventure's College Summer Plus – Participant Information Sheet 2021

**Please complete the information below and return to the school upon registration:**

CHILD'S NAME:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_ MCP#: \_\_\_\_\_  
D/M/Y (Required Information)

Mother/ Guardian 1 Name:

Address:

Occupation:

Employer:

Phone (h):

Phone (w):

Phone (c):

Email:

Father/ Guardian 2 Name:

Address:

Occupation:

Employer:

Phone (h):

Phone (w):

Phone (c):

Email:

**SIBLINGS:** Please list any siblings or campers you have bubbled with, who are attending camp

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS (ALLERGIES, ASTHMA, ETC.) THAT WE SHOULD BE AWARE OF? Please include any seasonal allergies.**

Yes ☐ No ☐

If yes, please explain:



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COLLEGE**

**Please list all persons who have permission to pick up your child:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of emergency, who should the camp contact?

Primary Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



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COLLEGE**

## **DISCIPLINE AND BEHAVIOUR**

St. Bonaventure's College promotes an atmosphere of safety and respect. Participants will abide by all regulations concerning discipline and behaviour while participating in the camp.

## **PARTICIPANTS MUST BRING DAILY:**

- Sneakers (non-marking soles)
- Change of clothing
- Packed lunch (not microwavable)
- 2 nutritious snacks
- All weather clothing (i.e. long pants, sunhat, rain gear, etc)
- Sunscreen
- Parents/Guardians must write their child's name on all items to help identify the owner should items be misplaced.

Valuables such as electronic devices, cellphones, toys etc. should be left at home. Lost and broken items cause unnecessary upset.

\*\*\* SBC is not responsible for lost/broken items\*\*\*