

# Salvation Army Camping Newfoundland and Labrador



## STARRIGAN TEEN CAMP

August 19-23, 2019

(Grades 7-12)

**Application Deadline: June 24, 2019**

### General Information:

- Camp Starrigan teen camp is open to children living in or to the east of Charlottetown.
- Completed applications and camp fees must be returned to your local Salvation Army Unit/Family Services Office before the deadline of June 24, 2019.
- **Incomplete applications will be returned.**
- Acceptance will be established on a first come basis and camp accommodation.
- For all inquiries regarding Salvation Army camps, please contact Kristy Moss at [Kristy\\_Moss@can.salvationarmy.org](mailto:Kristy_Moss@can.salvationarmy.org) or (709)579-2022.

### Camp Fees:

- The standard fee is \$115.50 + H.S.T. = \$132.85 (which includes a \$25.00 non-refundable deposit).
- Full payment must be submitted with this application.
- Families with a gross income of less than \$40,000 per year are eligible for a reduced fee based on income level. Proof of income will be required in order to determine eligibility. Please contact your local Salvation Army Unit/Family Services Office for more information.

### Transportation:

- Parents/Guardians who are dropping their children off at camp, registration will be between 3-5 on August 19 and pick up will be 10 a.m. on August 23.
- An adult must stay with children until they board the bus.
- Transportation can be provided from the following locations:
  - ◇ The Salvation Army Church in Grand Bank, Marystown, and St. John's (25 Adam's Ave.)
  - ◇ Other locations: Whitbourne (Mooreland Motel) and Clarenville Irving on TCH

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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:	
Parent/Guardian name:		MCP:
Parent/Guardian Email:		
Parent/Guardian Tel Home:		Business/Cell:
Is Transportation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pickup Location (from list on front page):		
Parent/Guardian Signature _____		Date _____

Additional Emergency Contacts (Please Provide 2 that are different from the above)	
Contact #1:	Contact #2:
Relationship to child:	Relationship to child:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone#:
Email:	Email:

Corps/Family Services Use Only	
Eligible for financial consideration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of reduced fee (based on 2019 guidelines):	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4
<b>Please note: Requests for refunds must be submitted to DHQ in writing by August 30, 2019</b>	
I certify that I have checked this application and that all required fields have been completed, and that the applicant meets the requirements for attendance (where applicable).	
_____	

Child's Name: \_\_\_\_\_

**Starrigan Teen Camp 2019**  
**Conditions of Enrollment & Consent**

- Camp fees must be submitted with this application.
- Salvation Army personnel must endorse this application.
- An adult must stay with children until they board the bus and the bus leaves for camp.
- A completed medical form must be submitted with this application. All medical information will be kept strictly confidential.
- Trained staff will closely supervise children on the bus and during all camp activities.
- A lifeguard will be on duty for all water activities.
- A nurse or qualified first aid provider is present at all times and operates out of a fully equipped first aid station.
- Visiting the camp is discouraged as this disrupts the children and camp activities. If visitation is required due to unforeseen circumstances, you are required to call the camp prior to your arrival (709-770-6154).
- In the event that a child has to be dropped off or picked up while camp is in progress, only those individuals listed on the application as emergency contacts will be permitted to do so. The individual is required to call the camp prior to their arrival (709-770-6154). Picture identification must be presented to the Camp Director before contact with the child can be made.
- Inappropriate clothing (displaying alcohol logos, profanity or anything of a sexual nature) is not permitted on campgrounds.
- Revealing clothing is not permitted on campgrounds.
- The Salvation Army is not responsible for the damage or loss of personal property.
- Electronic devices are strongly discouraged at camp. If brought, camp staff will collect devices for safe keeping.
- The Salvation Army reserves the right to dismiss a camper for inappropriate behavior.
- The Camp Director reserves the right to dismiss any camper who in his/her opinion rejects the "Conditions of Enrollment" of the camp or demonstrates a hazard to the safety and/or well-being of the camp, himself/herself, or others. Campers dismissed under these circumstances will not be given a refund.

**Camp Attendance Consent**

As the parent/legal guardian, I have read the above. I understand and accept the Conditions of Enrollment. I have disclosed to The Salvation Army all relevant medical and physical information with respect to my child. By signing below, I hereby consent to my child attending The Salvation Army Camp and give permission for him/her to participate in all camp activities.

\_\_\_\_\_

**Photo/Video Consent**

All videos and photographs taken by The Salvation Army are the property of The Salvation Army and may be used for promotional purposes only. No names or other personal information will be used.

Do you as the parent/legal guardian give consent for The Salvation Army to take and use photos of your child?     Yes     No

\_\_\_\_\_

Signature of Parent/Legal Guardian

\_\_\_\_\_

Date

### Starrigan Teen Camp Medical Form 2019

Personal Information	
Last Name: _____	First Name: _____
Birthdate (MM/DD/YYYY): _____	<input type="checkbox"/> M <input type="checkbox"/> F      MCP: _____
Allergy Information	
Specify Below	Reaction
Medication: _____	_____
Food: _____	_____
Insect Bites: _____	_____
Environmental: _____	_____
Do you/your child carry an Epi-Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you/they need help using the Epi-Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Diet Requirements	
<input type="checkbox"/> Diabetic <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Dairy Free <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: _____	
Prescription Medications Brought to Camp	
<b>Medication Name:</b> _____	<b>Dosage:</b> _____
<b>Reason for Taking:</b> _____	<b>When Taken:</b> _____
<b>Medication Name:</b> _____	<b>Dosage:</b> _____
<b>Reason for Taking:</b> _____	<b>When Taken:</b> _____
<b>Medication Name:</b> _____	<b>Dosage:</b> _____
<b>Reason for Taking:</b> _____	<b>When Taken:</b> _____
All prescription medication must be brought to camp in the original containers. A pharmacy label must be attached indicating child's name, medication name, dosage and instructions regarding when to be taken. <b>Medication pre-sorted in store-bought containers cannot be accepted.</b> Prescriptions must not be past expiration date. <b>If these requirements are not met, the child cannot attend camp.</b>	
Non-Prescription Medications Brought to Camp	
<b>Medication Name:</b> _____	<b>Dosage:</b> _____
<b>Reason for Taking:</b> _____	<b>When Taken:</b> _____
<b>Medication Name:</b> _____	<b>Dosage:</b> _____
<b>Reason for Taking:</b> _____	<b>When Taken:</b> _____
Other Relevant Information/Special Needs	
Medical Consent	
To the best of my knowledge my child is in good health. I hereby give permission for my child to be administered the prescription drugs provided. I hereby give permission for my child to receive basic non-prescription remedies (i.e. Tylenol, cold medication, head lice treatment, antihistamines for allergic reactions, etc.) if deemed necessary by the camp nurse or first aid provider. In the case of a medical emergency, I hereby give permission for the Camp Director to arrange transportation for my child to the hospital for treatment and to notify my emergency contact/me of the same. I give permission for my child to be given a lice check before entering the campgrounds. I acknowledge that my child may be required to leave the camp if Camp Staff deems head lice condition is severe.	
Signature: _____	Date: _____