

Office Use Only

Date Received:
Invoice # and Date Invoice Sent:
Camp Payment Received (with cheque #):
Confirmation Letter Sent:
Camper Attending Week:
Bus location Pick UP/Drop OFF:



2018 Camper Application Form—Non Foster

Please read carefully, print clearly in pen, and complete **all 4 pages**.

Camper Information: Please attach a photo.

Photo is needed to complete application. Please circle correct answer where applicable. **Please write in pen.**

Camper's Name: _____ Age at camp: _____

Date of birth (month/day/year): _____ Sex: Male Female

Child lives with: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Do you have an Alberta Health Benefits Card (different than an Alberta Health Card): Yes No

Mother/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Father's/Guardian Full Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Emergency Contact Person if Guardian(s) not available (must be within **1 hour** of the ranch).

Name : _____ Phone number: _____

Does the child have a case worker? Yes No If yes, please complete info below.

Case Worker: _____ Phone number: _____

Email: _____ What region? _____

Office Address: _____

City: _____ Province: _____ Postal Code: _____

Payment Information: Registration fee must accompany application before it will be processed.

Payment Method: ___Cash ___Certified Cheque or Money Order

___M/C ___VISA Account Number: _____ Exp. Date _____

Charge my credit card for: ___\$50.00 Summer Camp Total: _____

Card Holder Name (Print Clearly) _____

Signature: _____ Date: _____

2018 SYR Camp Programs/Sessions:

SUMMER CAMP Sessions: Please indicate 1st and alternate choices (i.e. 1, 2, 3)

PAYMENT INFO: \$50.00 non-refundable registration

- 1) **July 1-5 – Ages 9-11** _____
- 2) **July 8-12 – Ages 10-12** _____
- 3) *** July 15-19 – Ages 10-12 : select one of the following: *(a) Horse Camp (b) Basketball Camp**
- 4) **July 22-25 – Ages 7-8** _____
- 5) **July 29-Aug 3 – Ages 12-14** _____
- 6) **August 5-10 – Ages 13-15** _____
- 7) **August 12-17 – Ages 15-17** _____

Bussing:

SYR offers free bussing, to and from the ranch, from two designated pick up/ drop off locations in Edmonton:

- Millbourne Community Life Center, 2101 Millbourne Rd West
- First Christian Church, 13407 97 St

Campers **WILL NOT** be admitted to the bus without a parent/guardian present.

Campers **WILL NOT** be released from the bus without a parent/guardian present.

I would like my child to take the bus on the way **to camp** from the:

____ Millbourne Community Life Center ____ First Christian Church

I would like my child dropped off in the city **after camp** at the:

____ Millbourne Community Life Center ____ First Christian Church

Additional Camper Info 1:

- 1. Choice of one roommate-not guaranteed (should be same age and gender): _____
- 2. **Has the camper attended Shiloh Youth Ranch before? YES NO If yes, when?** _____
- 3. Has the camper rode a horse before? YES NO If yes, How many times? _____
- 4. **How did you learn of Shiloh Youth Ranch?** _____
- 5. Has the camper attended or will be attending another summer camp this year? YES NO
- 6. If yes, where? _____
- 7. Are you okay with a Connections Program Worker contacting your camper: YES NO
(For more information on connections programs please see website)

Additional Camper Info 2:

We are interested in providing the most beneficial camp for your camper. In order to accomplish this, we would like to have as much info as possible. Please give the following your careful attention. Please check off what best describes your camper:

- __ enjoys competitive sports
- __ happy
- __ makes friends easily
- __ has difficulty keeping friends
- __ shy with adults
- __ shy with others his/her age
- __ prefers passive activity
- __ easy going
- __ sensitive
- __ energetic

- __ bed wetting
- __ homesick tendency
- __ aggressive
- __ temperamental
- __ emotional
- __ tires easily
- __ ADHD
- __ FASD
- __ ODD

Shiloh Youth Ranch (SYR) Conditions of Enrollment: Please read carefully!

1. The Management at SYR reserves the right to dismiss a Camper who, in their opinion, is a hazard to the safety of others, or who appears to have rejected the guidelines of SYR. During the Camper's stay, the legal guardian must be within **1 hour** of SYR in case of emergency or dismissal.
2. The parents/guardians submitting this application must have legal custody over the Camper. Conditions of custody, if applicable, must be fully communicated in writing to SYR, including a photocopy of the section of any court order referring to visitation rights.
3. While every precaution shall be taken to ensure the good welfare and protection of the Camper, SYR, its staff members, employees, as well as facilities outside the SYR grounds, are hereby released from any and all liability in the event of any illness, accident or misfortune that may occur to the applicant Camper. Each Camper must be covered by Provincial Health or equivalent medical insurance.
4. In the event that a Camper requires special medication, x-ray, or treatment that is beyond the basic medical treatment given at SYR, the parents/guardians will be notified immediately and will be responsible for any additional expense for additional care or transportation.
5. In case of surgical emergency, I hereby give my permission to the physician selected by the Executive Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my Camper named on this application.
6. SYR has a zero lice policy. Campers found with lice will be sent home for treatment.
7. I give permission for Shiloh Youth Ranch to use any photograph or video of my Camper for promotional materials.
8. As the parent/guardian I may be asked to reimburse SYR for any damage caused by my Camper.
9. I have read all four pages of this application form, and I hereby accept the conditions of enrollment.

Please Print Clearly:

Camper's Name: _____ Date: _____

Parent/Guardian Name(Please Print) : _____

Parent/Guardian Signature: _____

Application Checklist: Have you included and completed the following:

- | | |
|--|--|
| <input type="checkbox"/> Attached Photo | <input type="checkbox"/> Camp Session Choice |
| <input type="checkbox"/> All Medical Information Complete | <input type="checkbox"/> Billing Information (if applicable) |
| <input type="checkbox"/> Conditions of Enrollment-Guardian Signature | <input type="checkbox"/> Bussing Required |

***Missing information may delay the processing of this application. After the application has been processed, a confirmation letter will be sent.

Please mail application to: Shiloh Youth Ranch, #10, 9625-60 Ave, Edmonton, AB, T6E 5N1

For more information phone: (780) 485-0005, Fax (780) 485-0014

Website: www.shilohyouthranch.com or email: kathy@shilohyouthranch.com

Shiloh Rebman Youth Ranch is an incorporated non-profit society with the Province of Alberta and a Canadian registered Charitable Organization. We are a Christian based interdenominational society with a variety of sponsoring churches. SYR is affiliated with the Alberta Missions Society.