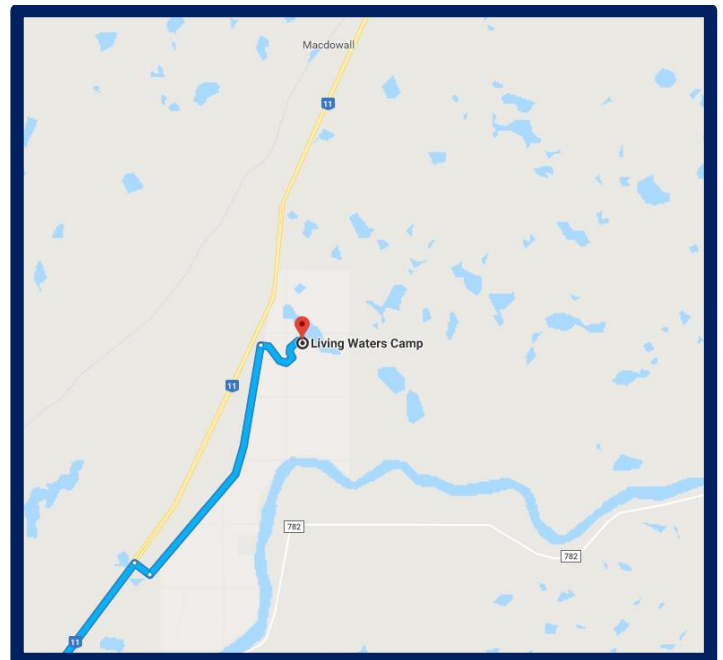
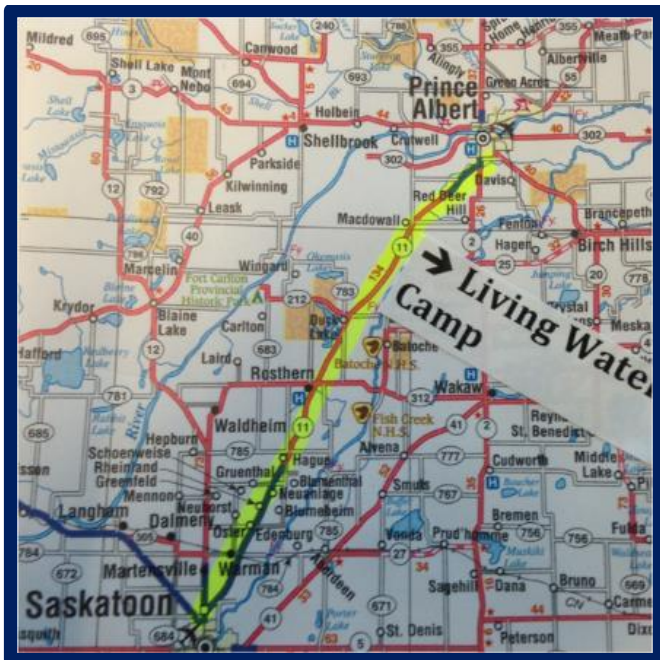




July 7th 6:00pm to July 11th 12:00pm

livingwaters CAMP

1 hr N of Saskatoon on Hwy 11
5 min South of MacDowall
20 min South of Prince Albert



WHAT TO BRING?

BRING ENOUGH FOR 5 DAYS!

Clothing

- Pairs of socks
- Pairs of underwear
- Shorts and/or pants
- T-Shirts
- Warm shirts or sweatshirts
- Rain jacket & boots
- Waterproof pants
- Sun/baseball hat
- Mitts, hat, scarf (if cool)
- Shoes/sandals
- Shoes to get dirty
- Sunglasses
- Bathing suit(s)

Bedding

- Sleeping bag OR
- Blankets and sheets
- Pajamas
- Pillow

Toiletries

- Toothbrush & toothpaste
- Comb/brush
- Lip balm, sunscreen
- Soap & shampoo
- Tissues, Towels (beach and bath)
- Bug spray (environmentally friendly!)
- Medications/first aid supplies
- Water bottle/travel mug

Optional Items

- Flashlight
- Camera
- Board games/cards
- Outdoor games/equipment
- A good book (or two!)
- Lawn chairs
- Munchies (though we provide plenty of snacks) *Please be mindful to pack away your snacks so animals do not come in to your room! Also note that we are a **NUT FREE** facility.*

****Please do not bring****

Motorized boats, ATVs etc., fireworks or any other dangerous item, expensive items such as jewelry or electronics.

Just a note.....Plan for clothing that is suitable for the predicted weather, but be prepared for all weather and that will take you through your whole stay at SDHHS Family Camp! Note that SDHHS Family Camp is not responsible for loss or damage of any personal items you bring.

***A canteen will be available to purchase snacks in the afternoon.**

CAMP SCHEDULE

Sunday, July 7, 2019

6:00pm – Arrival Time & Weiner Roast!
7:00pm – Welcome & Announcements
8:00pm – Check-in & Free time
9:00pm – Campfire & Story time
11:00pm – Campfire Out!

Monday, July 8, 2019

8:30am – Breakfast
10:00am – Morning activities
12:00pm – Lunch
1:00pm – Free time
2:30pm – Afternoon activities
5:00pm – Free time
6:00pm - Supper
7:00pm – Social time/Free time
9:00pm – Campfire & Story time
11:00pm – Campfire Out!

Tuesday, July 9, 2019

8:30am – Breakfast
10:00am – Morning activities
12:00pm – Lunch
1:00pm – Free time
2:30pm – Afternoon activities
5:00pm – Free time
6:00pm - Supper
7:00pm – Social time/Free time
9:00pm – Campfire & Story time
11:00pm – Campfire Out!

Wednesday, July 10, 2019

8:30am – Breakfast
10:00am – Morning activities
12:00pm – Lunch
1:00pm – Free time
2:30pm – Afternoon activities
5:00pm – Free time
6:00pm - Supper
7:00pm – Social time/Free time
9:00pm – Campfire & Story time
11:00pm – Campfire Out!

Thursday, July 11, 2019

8:30am – Pack & clean your spaces
10:00am – Brunch
11:00am – Clean up camp
12:00pm – Departure time

Activities include:

- Family Games
- Nature Walks
- Swimming
- ASL Classes
- Sailing
- Scavenger Hunt
- Crafts
- Peer Networking
- Story times
- Woodworking
- Performing arts
- Guided group activities for all ages

CAMP POLICIES

BEHAVIOUR – SDHHS Family Camp strives to be a fun, safe and active environment where everyone has a chance to be their best. All campers, staff and volunteers pledge to treat each other with dignity and respect. Behaviour that prevents others from enjoying a positive camp experience will not be permitted. If necessary, campers may be asked to leave based upon inappropriate behaviour including swearing, aggression, or use of prohibited items such as but not limited to tobacco, alcohol, non-prescription drugs or offensive printed materials.

PHOTOGRAPHY/VIDEO – Photographs and/or video taken at camp may be used for public displays and/or other promotional projects about the SDHHS Family Camp. All photos are the property of SDHHS and may or may not be used. Requests to be excluded from pictures and videos can be sent in writing to the attention of the Camp Director.

AUTHORIZATION- To the best of my knowledge my family is in good health. I will notify the camp in writing of any changes that occur in my family's health between completing this form and attending the camp. Furthermore, I will notify the camp in writing if any family member is exposed to an infectious disease during the three weeks prior to camp. I, the undersigned permit my family to participate in the full range of camp activities and authorize the Camp Director and the appointee, in the event of accident or illness affecting the above named family, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as they may deem essential for the care and well-being of my family member. Such action is to be taken only when immediate contact with the undersigned cannot be made. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance.

ASSUMPTION OF RISK & RELEASE – While the SDHHS Family Camp staff and instructors will make every reasonable effort to minimize exposure to known risk, I understand that in registering my family in a SDHHS Family Camp program, we will be involved in physical activities and that with any physical activity, there is a risk of injury. I do hereby release SDHHS, and its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from all liability for damages sustained in consequence of loss, injury or damage to myself or my family, and from all other actions, causes of actions, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property including myself or my child arising out of or connected with preparation for, or participation in SDHHS Family Camp programs or activities.

CANCELLATION AND REFUNDS - Cancellations must be submitted in writing no later than 14 days prior to the start of Family Camp in order to receive a full refund (less a 20% camp fee). No refunds will be provided for cancellations submitted after deadline. All camp fees are non-transferable.

PRIVACY POLICY – Saskatchewan Deaf and Hard of Hearing Services Inc. respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to keep you informed and up to date on the activities of SDHHS, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more. If at any time you wish to be removed from our list simply contact us by phone at (306) 665-6575 or via e-mail at saskatoon@sdhhs.com and we will gladly accommodate your request.

I have completed the emergency and health form to the best of my knowledge and have read and understood the camp policies.

PARENT/GUARDIAN SIGNATURE(S)

DATE: _____



SDHHS Family Camp Registration Form

July 7th 4:00pm to July 11th 12:00pm

Living Waters Camp

FAMILY MEMBERS PROFILES: – Please list all family members who will be attending the SDHHS Family Camp.

Parent (1) First/Last Name _____ Birthdate M___/D___/Y _____ Cell # _____
 Mailing Address _____ E-mail _____
 SK Health Card # _____ Circle one: Deaf/Hard of Hearing/Deaf Blind
 Accommodations/support needed _____
 Food Allergies _____
 Medical Conditions/Illness/Drug and Other Allergies _____

Parent (2) First/Last Name _____ Birthdate M___/D___/Y _____ Cell # _____
 Mailing Address _____ E-mail _____
 SK Health Card # _____ Circle one: Deaf/Hard of Hearing/Deaf Blind
 Accommodations/support needed _____
 Food Allergies _____
 Medical Conditions/Illness/Drug and Other Allergies _____

Child (1) First/Last Name _____ Birthdate M___/D___/Y _____
 SK Health Card # _____ Circle one: Deaf/Hard of Hearing/Deaf Blind
 Accommodations/support needed _____
 Food Allergies _____
 Medical Conditions/Illness/Drug and Other Allergies _____

Child (2) First/Last Name _____ Birthdate M___/D___/Y _____
 SK Health Card # _____ Circle one: Deaf/Hard of Hearing/Deaf Blind
 Accommodations/support needed _____
 Food Allergies _____
 Medical Conditions/Illness/Drug and Other Allergies _____

Child (3) First/Last Name _____ Birthdate M___/D___/Y _____
 SK Health Card # _____ Circle one: Deaf/Hard of Hearing/Deaf Blind
 Accommodations/support needed _____
 Food Allergies _____
 Medical Conditions/Illness/Drug and Other Allergies _____

Please note: Immediate family members only. Any additional campers will be subject to paying full fees.

*If you require more space for additional immediate family members, please attach a separate numbered list to your application.

Emergency Contact for me and/or my family:

Name: _____

Ph #: _____ Relationship: _____
Circle one: Text/voice (Example: Mom, Grandpa, Grandma, Uncle)

SDHHS Family Camp Registration

PAYMENT INFORMATION FORM

(please select method of payment below)

**Full payment Visa/MasterCard/Cash/Cheque
(payable to SDHH)**

Card Number: _____

Expiry Date: _____

Signature: _____

Mail Cheque (payable to SDHHS)
Mail Cheque and Registration Forms to:
SDHHS
Attention: Family Camp 2019 Registration
#3 – 511 1st Ave. N.
Saskatoon SK S7K 1X5

Apply for Sponsorship or Subsidy

If there is someone you know that could pay for all or part of your fees, please attach the completed SPONSORSHIP / SUBSIDY APPLICATION FORM to your registration form to prove they are paying for all or part of your fees. The SDHHS Family Camp fees will be your responsibility unless the form is attached.

SDHHS Family Camp Sponsorship Donation

I wish to donate to the SDHHS Family Camp Sponsorship Fund in the amount of \$ _____

Tax receipts are issued for donations of \$25 or more. Charitable registration # 108098575RR0001

2019 CAMP FEES:

(Check the box of applicable fees)

Family Rate: \$550.00
(must include 2 adults plus children)

Couple Rate: \$400.00
(must include minimum of 1 adult)

Individual Rate: \$225.00
(must be over age 18)



**SPONSORSHIP / SUBSIDY
APPLICATION FORM**

Sometimes people can't afford to pay fees to attend camp.
Please use this form to apply for funding if you are in need of financial sponsorship/subsidy to go to camp!

Do you have a Social Worker? Are you on SAP or SAID?
If yes, please take this form to your Social Worker and see if there is funding from SAP or SAID for camp.

Does your church sponsor or subsidize people to attend events?
Are you connected with a community organization that sponsors or subsidizes costs for events?

Camper Name: _____

Family attending camp: _____

Phone number: _____ Email: _____

Address: _____
 Apt/House Number Street Name City Province Postal Code

2019 CAMP FEES:

(Check the box of applicable fees)

Family Rate: \$550.00
(must include 2 adults plus children)

Couple Rate: \$400.00
(must include minimum of 1 adult)

Individual Rate: \$225.00
(must be over age 18)

Please make cheques payable to SDHHS with a memo noting for Family Camp 2019
If you wish to pay with Credit Card, please call: 1-800-667-6575 or 306-665-6575

Sponsor Agency Name: _____

Contact person: _____

Phone number: _____ Email: _____

Relationship to Camper: _____

Amount of Sponsorship / Subsidy: \$ _____

Signature authorizing Sponsorship / Subsidy

Date: ____/____/ 2019
 DD MONTH YR

For SDHHS Office use only
