



Camp Sancta Maria

2020 Summer Registration

| |
|----------------------|
| Camper's Name: _____ |
| Session(s): _____ |
| _____ |

Thank you for making Camp Sancta Maria your summer camp choice! Please fully complete the information on this form. ONE camper per form, please, unless registering for a family weekend. Some of the information requested may not be relevant if you are registering for a family weekend; please complete all other information. You may also register online securely by visiting www.CampSanctaMaria.org and following the prompts for online registration under the "Register Now" tab.

| | | | | |
|--------------------|------------|------------|------------|------------|
| Father's Last Name | First Name | Home Phone | Work Phone | Occupation |
|--------------------|------------|------------|------------|------------|

| | | |
|---------------------|---------------|----------------------------|
| Father's Cell Phone | Email Address | Fax Number (if applicable) |
|---------------------|---------------|----------------------------|

| | | | | |
|--------------------|------------|------------|------------|------------|
| Mother's Last Name | First Name | Home Phone | Work Phone | Occupation |
|--------------------|------------|------------|------------|------------|

| | | |
|---------------------|---------------|----------------------------|
| Mother's Cell Phone | Email Address | Fax Number (if applicable) |
|---------------------|---------------|----------------------------|

| | | | |
|-------------------------------|------|-------|----------|
| Camper's Home Mailing Address | City | State | Zip Code |
|-------------------------------|------|-------|----------|

Is there a custody situation? YES or NO (circle one). Please give details, especially if visits are restricted.

EMERGENCY INFORMATION

In the event CSM is unable to reach the camper's parent(s)

| | | | |
|------------------------------|------------|--------------------|--------------------|
| First Emergency Contact Name | Home Phone | Work or Cell Phone | Relation to Camper |
|------------------------------|------------|--------------------|--------------------|

| | | | |
|-------------------------------|------------|--------------------|--------------------|
| Second Emergency Contact Name | Home Phone | Work or Cell Phone | Relation to Camper |
|-------------------------------|------------|--------------------|--------------------|

CAMPER INFORMATION

(ONE camper per form, please)

| | | | |
|--------------------|------------|-----------------------|---------------------|
| Camper's Last Name | First Name | Birthday (MM/DD/YYYY) | Age as of 06/1/2020 |
|--------------------|------------|-----------------------|---------------------|

| | | |
|---------------------------------|----------------------|----------------------------|
| Camper's School (Name and City) | September 2020 Grade | Years @ CSM including 2020 |
|---------------------------------|----------------------|----------------------------|

FAMILY WEEKEND PARTICIPANTS ONLY

(Father & Son, Mother & Daughter)

| | | | | | |
|------------------------------|------------|-------------------|------------|---------------|-----|
| Attending Parent's Last Name | First Name | Child's Last Name | First Name | Date of Birth | Age |
|------------------------------|------------|-------------------|------------|---------------|-----|

| | | | |
|--------------------------------------|------------|---------------|-----|
| 2nd Child's Last Name (if attending) | First Name | Date of Birth | Age |
|--------------------------------------|------------|---------------|-----|

| | | | |
|--------------------------------------|------------|---------------|-----|
| 3rd Child's Last Name (if attending) | First Name | Date of Birth | Age |
|--------------------------------------|------------|---------------|-----|

SELECT YOUR SESSION(S):

Boys' Two-Week Sessions (ages 8-16) \$699

- Session 1: Sunday, June 21 thru Sunday, July 5
- Session 2: Sunday, July 5 thru Sunday, July 19
- Session 3: Sunday, July 19 thru Sunday, August 2

Boys' Mini Camps (ages 8-13) \$460

- Mini Camp A: Sunday, June 21 thru Sunday, June 28
- Mini Camp B: Sunday, June 28 thru Sunday, July 5
- Mini Camp C: Sunday, July 5 thru Sunday, July 12
- Mini Camp D: Sunday, July 12 thru Sunday, July 19
- Mini Camp E: Sunday, July 19 thru Sunday, July 26
- Mini Camp F: Sunday, July 26 thru Sunday, Aug. 2
- Mini Camp G: Sunday, Aug 2 thru **Saturday**, Aug 8

Boys' Ropes Adventure Camp (ages 11-16) \$460

- Ropes Camp: Sunday, Aug 2 thru **Saturday**, Aug 8

Horse Camps (ages 10-16) \$460

- Boys' Horse: Sunday, Aug 2 thru **Saturday**, Aug 8
- Girls' Horse : Sunday, June 14 thru **Saturday**, June 20

Girls' Camp (ages 8-16) \$460

- Girls Camp: Sunday, June 14 thru **Saturday**, June 20
- Girls Camp: Sunday, Aug 9 thru **Saturday**, Aug 15

Parent & Child Weekends: \$205 for one parent and one child (\$50 for each additional child)

- Mother & Daughter 1: Fri, June 12 thru Sun, June 14
- Father & Son 1: Friday, June 26 thru Sunday, June 28
- Father & Son 2: Friday, July 24 thru Sunday, July 26
- Mother & Daughter 2: Fri, Aug 14 thru Sun, Aug 16

Cabin Assignment Requests

Your camper may request up to THREE cabin-mates per session. Cabin-mates should be the same age and/or grade. Otherwise, please contact the camp office. (Family Weekend participants may request to be placed in the same cabin as other families. If you are requesting a larger group, please call the contact the camp office, as large groups may need to be split into more than one cabin.

- 1. _____
- 2. _____
- 3. _____

Additional Discounts, Pricing and Information

- **Early Bird Discount:** Register by 12/31/2018 and receive \$50 off a two-week session and \$25 off a one-week session.
- **Sibling Discount:** Receive a \$50 discount on two-week sessions for each additional child after the first. Receive a \$40 discount on one-week sessions for each additional child after the first.
- **Multiple Sessions Discount:** Register for a two-week session and receive \$60 off each additional two-week session. Register for a one-week session and receive \$40 off each additional one-week session.

To keep up with the latest camp news and promotions, Like Us on Facebook or subscribe to our e-blasts from the Home page of our website:

www.CampSanctaMaria.org

*****VERY IMPORTANT*** Camper Release Information**

Camp Sancta Maria must, by law, have written consent before your child may leave our premises with ANYONE other than a parent or legal guardian. Please write any such names here (18 years +), including family, friends, neighbors, etc. you might anticipate giving permission to assume responsibility for your child. Please think very carefully about this.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

CSM Family Scholarship Fund

Are you able to help us? Every year we assist families who need help paying the costs associated with coming to Camp. Financial aid is awarded for partial and full scholarships with available funds on a needs basis. If CSM has been a blessing to your family and you are able to help another camper attend CSM, please include your gift with your registration. Thank you!

I/We would like to help another camper and donate \$_____ to the CSM Family Scholarship Fund.

Do you need help? To help spread our limited funding to as many families as possible, we encourage you to carefully consider whether a family member, a friend, or your child's parish may be willing to help with some or all of the cost of sending your child to camp. Your parish priest may have even attended CSM as a camper himself. Many campers have attended camp with such assistance. We find that many people are generous and eager to help nourish the spiritual growth of youth in their community. Alternatively, download a Financial Aid Application from our website or contact us at 248-822-8199 or office@campsanctamaria.org. The application is required to qualify for CSM funds.

Tell us how you heard about CSM

- | | | |
|--|--|---|
| <input type="checkbox"/> CSM website | <input type="checkbox"/> Michigan Catholic | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other website _____ | <input type="checkbox"/> Other magazine _____ | <input type="checkbox"/> Family connection |
| <input type="checkbox"/> Camp Expo | <input type="checkbox"/> School/Church flyer | <input type="checkbox"/> Friend or neighbor |
| <input type="checkbox"/> Parish bulletin | <input type="checkbox"/> American Camp Association | <input type="checkbox"/> Other _____ |

Deposit Information

The following **deposits are required at the time the application is submitted**. You may pay your balance at this time, as well, or at check-in the day you arrive at Camp.

- One-week sessions — \$230
- Two-week sessions — \$350
- Parent & Child Weekends — \$205 (full payment due at registration)

NOTE: Pay in full before you arrive at Camp or pay the deposit now and the balance at check-in the day you arrive. Thanks!

Other Important Financial Notes

- If you are registering for multiple sessions, the balance for all sessions is due upon the earliest session attended.
- CSM is not responsible for hospital, doctor, or dental fees incurred while at camp or on camp activities. If your child needs medical treatment during his/ her stay, the bill will be directed to your insurance company or to your home address to submit to your insurance carrier or for personal payment.
- Cancellation and deposit refund (less a \$50 non-refundable processing fee) is allowed up to 14 days prior to the start of the session. Cancellation less than 14 days before the session starts will result in the forfeiture of the entire deposit. Illnesses are exempted with documentation from your doctor.
- Please make all checks payable to Camp Sancta Maria. We also accept Visa, MasterCard, Discover and American Express. Credit Card payments may be made over the phone at 248-822-8199.

Medical Information for Family Weekends Only

This section is only for those registering for a Family Weekend session. Those who are attending one- and two-week sessions will be sent a separate and comprehensive health form which MUST be signed by a licensed physician.

It is expressly understood and agreed that Camp Sancta Maria shall not be held responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the participant on any property of Camp Sancta Maria, or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of the organization acting within the scope of his/her employment.

Please indicate any physical or medical conditions (including allergies) that may place limitations on the participant's ability to fully participate in physical activities, such as horseback riding, swimming, jumping rope, jogging short distances, climbing a ladder, bending, and stretching. Also, if medications need to be taken at any point during the day, please write that down in detail as well.

Parent Name _____ Allergies/ medical conditions _____
Camper Name _____ Allergies/ medical conditions _____
Add'l. Camper Name _____ Allergies/ medical conditions _____

Parent/Guardian Authorization for Family Weekends:

These health histories are correct and complete to the best of my knowledge. The people herein described have permission to engage in all camp activities except as noted. I understand that I am responsible for my child's health care and supervision while at camp, but I hereby give permission to camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange the necessary related transportation for me/my child in the event I cannot be reached or cannot respond in an emergency. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the people named above. This completed form may be photocopied for trips out of camp.

Parent's Signature _____ Print Parent's Name _____

Parent/Guardian Signature Required Below

By signing this form, I understand and give Camp Sancta Maria (CSM) permission and acknowledge that I am able to grant that permission to Camp Sancta Maria to take _____, a minor child, (or if a Family Weekend, me and _____) on trips away from the grounds and to travel in vehicles provided by CSM. These destinations may include but are not limited to Mackinac Island and local camping and canoeing sites. I understand that during my child's stay at CSM, he/she may be involved in high adventure and risk activities such as horseback riding, swimming, canoeing, kayaking, backpacking and use of the high and low ropes course. I will not hold CSM or any of its agents, trustees, employees or volunteers liable for any injuries or illness to the above-registered child(ren)/me that might occur during these or any other activities conducted by the camp or child on or off camp grounds. I also give permission to Camp Sancta Maria to use any registered participant's photo or image in CSM publications or electronic media. (For one- and two-week campers: On check-in day, counselors will lead each cabin in a luggage inventory, which will catalog the items campers packed and also help ensure campers return home with all belongings. CSM staff will take appropriate steps through announced and unannounced inspections to maintain our expectations of a safe summer camp. This policy has been adopted in an effort to make camp safe and secure for all campers. CSM appreciates the cooperation of our campers and parents in this important matter.)

Parent's/Legal Guardian's Signature

Date

What Happens Next?


1. Please make sure you have filled out and signed the registration form completely and legibly.
2. Determine your total amount due (Minimum due: \$200 for one-week camps, \$300 for two-week camps, or full payment for Family Weekends. Thank you!)
3. Mail registration form with payment to the proper PO box listed below. Signature required for credit cards.

Payment Information

Tuition Amount: \$ _____ Donation Amount: \$ _____ TOTAL: \$ _____

Payment Type: Check (*Payable to Camp Sancta Maria*) Visa MasterCard Discover AMEX

Name on Card: _____ Card Number: _____

Billing Zip Code for Card: _____ Exp. Date: ____ / ____ CVV: _____ 

Signature: _____

Contact Information

Mail this completed form and deposit or full payment to:

Before June 1

P. O. Box 613; Washington, MI 48094

After June 1

P. O. Box 338; Gaylord, MI 49734

Questions?: During summer months call 231-546-3878; during off-season months call 248-822-8199.

Email us at any time at office@campsanctamaria.org. Fax us at any time at: 866-875-1933



Thank you for registering! Please visit us at www.campsanctamaria.org to access our Welcome Packet, including a packing list, answers to FAQ, and other helpful materials.

WE LOOK FORWARD TO SEEING YOU AT CAMP!

OFFICE USE ONLY (Record payment date, payment amount, payment type and check number if applicable.)

Payment #1: Amount: \$ _____ Date: _____ Check # _____ Credit Card

Payment #2: Amount: \$ _____ Date: _____ Check # _____ Credit Card

Payment #3: Amount: \$ _____ Date: _____ Check # _____ Credit Card

Payment #4: Amount: \$ _____ Date: _____ Check # _____ Credit Card