

Name of Person in Charge of Waterfront activities (attach a copy of current qualifications)	Number of Adult Camp Leaders Male: Female:									
Staff and Qualifications <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Position</u></th> <th style="text-align: left;"><u>Date of Birth</u></th> <th style="text-align: left;"><u>Camp Accreditation Number and Level</u></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			<u>Name</u>	<u>Position</u>	<u>Date of Birth</u>	<u>Camp Accreditation Number and Level</u>				
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Camp Fee: The proposed camp fee is \$ _____ per camper	Transportation to and from the camp is being provided by									
Acknowledgment of Camp Regulations As the Officer in Charge of this proposed camp, I will ensure that safe camping practices, and the camping rules and regulations regarding camping, swimming, fires, hygiene, cooking, and medical procedures are followed.										
_____ Signature	_____ Position									
_____ Print Name in Full	_____ Date									
Approval by Provincial Commissioner or designate _____										
_____ Signature	_____ Date	_____ Camp Registration Number								
<p><i>Copies of the approved camp form will be sent back to the Officer in Charge of the camp, and to the Corps and Area levels as appropriate.</i></p>										

SAMPLE LETTER TO PARENTS

**St. John Ambulance Saint-Jean***Name of Division/Corps/Area**Mailing Address*

Dear Parents:

Once again, the *(name of the Division)* is planning a camp for the Cadets and Crusaders on *(dates to and from)* at *(name of site, location and telephone number)*.

The Officer in Charge of this camp will be *(name of Officer)*.

The program will include activities such as *(swimming, horse back riding, leadership training, basic rescue)* as well as the usual tent pitching, striking, meal preparations and clean up.

A Medical Information Form is included for you to complete and return with your permission form.



See Sample 19
Medical
Information Form

The fee for the camp will be *(fee)* payable with the return of all forms. Please make your cheque or money order payable to *(Name of Division)*.

Departure for the camp will be *(date, time and location)*. We will be returning to *(location, date and time)*.

Should you have any questions regarding the camp and its activities, they may be directed to *(name of Officer in Charge and telephone number)*.

Yours truly,

*(Name)**(Position)*

Enclosures

Sample **CAMPING PERMISSION FORM****The St. John Ambulance Brigade***(Name of Division/Corps/Area)*

This form is to obtain permission from parents of campers under age 18. All adults should also have a form to sign, in which they agree to attend and carry out the obligations assigned to them. Members 16-17 years of age not residing with a parent or guardian may sign as adults age 18+.

Please complete this form and return it, along with payment and the Medical Information Form to your child's Divisional Superintendent by _____
(give a specific date).

1. I give permission for my son/daughter _____
(name of member)

of *(name of Division)* to attend the camp at *(name of camp)* to be held on *(dates)*.
My son/daughter is allowed to take part in all activities as specified on the Medical Information Form.

2. A cheque A Money Order

for the amount of *(fee)*, made payable to *(name of Division)* is enclosed.
PLEASE DO NOT SEND CASH.

3. I can provide transportation

No Yes To camp
 From camp

Dated at _____ this _____ day of _____
(location) (month) (year)

(Signature of Parent/Guardian)

(Please print name here)