

Camp Fees

The camp fee for each session includes all living expenses, instruction, facilities, and equipment in all activities, entrance fees and spending money for special trips, services of the nurse’s clinic, laundry of personal clothing, a camp t-shirt, camper secondary accident insurance, transportation in camp vehicles, and the annual camp book.

Registration and Payment Terms

All applications must be filled out completely and mailed with the deposit. No deduction is allowed for late arrival, leaving early, or dismissal. The balance of the camp fee is due on or before May 15, 2010. Applications submitted after May 15, 2010 must include the entire camp fee. If camp fees are not paid in full by this date, a camper’s spot will not be held. If a cancellation is necessary, the camp fee, less the deposit, is refundable if written notice is received prior to May 31, 2010. There is no refund of camp fees for cancellations after June 1, 2010. The deposit of an applicant on a waiting list is fully refundable if space does not become available. In case of illness requiring the attention of a physician, one-half of the unused camp fees for the unfulfilled portion of the session will be refunded. In the event of dismissal or withdrawal because of homesickness, misconduct, or any other cause, there will be no refund of camp fee. Please make checks payable to Camp Stanislaus.

Camper Information

Age (as of June 13, 2010): Years _____ Months _____ Date of Birth _____

Grade he will finish in May 2010 _____ School Now Attending _____

T-Shirt Size (check one): Youth L S M L XL XXL

Can your camper swim? _____ Last completed Red Cross Swimming Course _____

Request for Roommate(s): 1. _____ 2. _____

Camper’s Email Address _____ Camper Religion (optional) _____

Is there any activity in which the camper may not participate? _____

Are there any health or physical conditions which will need special attention at camp? _____ Please attach any necessary documentation.

(Please check all that apply or explain)

ADD Allergies Asthma Seizures Bedwetting Diabetes Heart Condition Other _____

If I am accepted, I promise to conform to the rules and regulations of Camp Stanislaus and to show a spirit of loyalty to and cooperation with the camp authorities and other campers.

Camper’s Signature _____ Date _____

Parents’ Information

Father’s/Primary Guardian’s Name _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Occupation _____ Fax # _____ Father’s Email _____

Is Father an alumnus of Camp Stanislaus? Yes No

If yes, what years did he attend or work camp? _____

Mother’s/Secondary Guardian’s Name _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Occupation _____ Fax # _____ Mother’s Email _____

Please check with whom the camper lives: Mother Father Other _____

Who has legal custody of the camper? Joint Mother Father Other _____

(For all cases other than joint, please provide all necessary legal documentation with this application.)

Parents are: Married Separated Divorced Parent deceased: Father Mother

Written permission is necessary for your son to leave camp with anyone other than a parent or guardian having legal custody. Please list those individuals who have permission to take your son from camp. _____

Billing Information *(Please complete if it is not the parent(s)/guardian(s) listed above.)*

Name of Person to be Billed _____ Relationship to Camper _____

Address _____

Street _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Parent Authorization

Camp Stanislaus is committed to the fun and personal growth of its campers and recognizes its responsibility to them. To satisfy this responsibility, it is important for the camp and parents or guardians to have a common understanding about camp activities and the risks involved. It is also important for camp to have the approval of parents and guardians, as described in this document.

I have read descriptive materials, the camp registration packet, and related information about camp. I acknowledge and grant approval to Camp Stanislaus as follows:

- Campers may participate in a wide variety of on and off campus activities, such as skiing; sailing; swimming off piers, from beaches, in pools, in rivers, in lakes, and in other water bodies; fishing; boating; canoe trips; trail rides and horseback riding; hiking; outdoor camping; trips to Ship Island, water parks, amusement parks, skating parks and rinks, mudslides, and other attractions; marksmanship (pellet air guns); archery; movies; barbecues and bonfires; arts and crafts; individual and group recreational games; magic shows; classroom instruction; and a dance. All activities (whether on or off campus) are supervised by camp employees.
- I consent to my camper's participation in any of these activities, as well as to any other activities offered by camp, unless I have expressed a specific restriction otherwise in writing on page two of this application.
- Camp activities entail risks. Camp Stanislaus strives to hold these risks to a minimum, but injuries to campers can and do happen. If an injury occurs, I/we authorize camp employees to take immediate action reasonable under the circumstances, including securing emergency medical care.
- The camper does not have any physical, mental, or medical condition requiring accommodation or medication, unless I have informed the camp specifically in writing on page two of this application.
- Camp Stanislaus accepts boys of good character of any race, creed, ethnic, or national origin. Every boy is expected to conform to the rules and regulations of camp and to show a spirit of loyalty to and cooperation with the camp authorities. Profanity is prohibited. The use of weapons, alcohol, non-prescribed drugs or tobacco in any form is not permitted at camp. The Director may dismiss any boy who violates this rule.
- The Director reserves the right to dismiss any boy, or reject any application, at any time when he feels it is in the best interest of the camp community. In the event of dismissal or withdrawal because of homesickness, misconduct, or any other cause, there will be no refund of camp fee. In case of illness requiring the attention of a physician and withdrawal from camp, one-half of the unused camp fees for the unfulfilled portion of the term will be refunded.
- I give my permission for photographs or video footage of my son to be used by the camp for promotional purposes.
- I am responsible for any medical expenses incurred beyond the scope of the camp dispensary and the camper accident insurance policy, which is secondary coverage to my family's health insurance policy.
- I agree to have my son examined by a licensed physician within three months of arrival at camp and to present by June 1, 2010, a properly completed Camp Stanislaus Health Form (mailed in April), documenting required immunizations. If you son will be attending St. Stanislaus College for school in the Fall, his health form with physical can be returned by June 5 in order to avoid unnecessary doctor's costs.
- Camp Stanislaus will try to honor group & roommate requests if grade level and age allow, and if the parents of both campers request it. It is good for a camper to be in a group with one or two friends, but we want to avoid groups made up of boys all from one town. Such grouping does not allow the boys to branch out and make new friends. Group requests should be made in writing on the application. All group & roommate requests must be received before June 1.
- I will provide legal documentation indicating assigned custody of my son if divorce or separation is an issue.
- If any of the consents or representations above change, I/we will immediately notify the Director of Camp Stanislaus in writing.

Signature of Parent/Guardian _____

Date _____

SPECIAL CIRCUMSTANCES

Camp Stanislaus is committed to providing boys an opportunity for full and equal enjoyment of the camping experience. If your son appears to have any serious behavioral problems, or special circumstances involving physical, medical or psychological concerns, the Director should be notified of this now so reasonable modification can be considered. Boys cannot be accepted that do not have the promise of living cooperatively, compatibly and safely with other children. Camping is designed to be a strong, positive influence in the lives of the young men it serves and typical problems are usually overcome. Camp Stanislaus recognizes that most boys' issues are quite normal and can be successfully addressed through a program of high expectations and positive motivation. However, boys with serious behavior problems should have special guidance concerning their readiness before coming to Camp Stanislaus. These problems should be discussed with the Director and the advisability of accepting the boy can be determined at that time.

The Director reserves the right to decline the application of any child or to send home any child, who, in the Director's opinion, has not proven to be cooperative or a wholesome influence on the other campers. If a camper is dismissed due to behavioral/social issues, the camp fee is not refundable.

Parents Comments

What, in particular, do you want your son to gain from his camp experience? _____

What information or insight about your can you offer that will help us provide a more wholesome, worthwhile, and happy camping experience for your son? (The more information you give us about your son, the better equipped we are to give him a beneficial and memorable summer.) _____

How did you hear about Camp Stanislaus? _____
 Why did you choose Camp Stanislaus for your son? _____

In the event of an emergency closing of Camp Stanislaus, I wish to choose the following mode of transportation for my son. (Check One)

- New Orleans Bus Baton Rouge Bus Covington Bus Parent Pick-Up Other _____

Building Our Camp Stanislaus Community

Please list those family members who have been former Camp Stanislaus counselors or campers. We want to ensure that they are included in our camp community and receive our camp newsletters and invitations to camp reunions.

Counselor Camper
 Name _____
 Address _____
 City / State / Zip _____
 Date of Birth _____
 Dates at Camp _____
 Relationship _____

Counselor Camper
 Name _____
 Address _____
 City / State / Zip _____
 Date of Birth _____
 Dates at Camp _____
 Relationship _____

I am proud to recommend the following families to Camp Stanislaus. *Thank you for telling your family and friends about the wonderful opportunities at Camp Stanislaus. Your help allows us to grow our camp community.*

Parent's Name	Child's Name	Age	Address	City	State	Zip

The mission of Camp Stanislaus is to provide campers and counselors a safe and enjoyable recreational and learning experience in the Catholic tradition and according to the charism of the Brothers of the Sacred Heart.