

CANYON CHURCH CAMP

Waterton Lakes National Park

Summer 2017

“To nurture Christian faith through fun and fellowship in God's outdoors”

****PLEASE KEEP THE FIRST PAGE OF THIS REGISTRATION FORM****

<u>NAME OF CAMP</u>	<u>CAMP DATES</u>	<u>AGES</u>	<u>COST</u>
JUNIOR I	JULY 04 – 07	6 – 9	\$125.00
JUNIOR II	JULY 09 – 14	8 – 10	\$255.00
JUNIOR III	JULY 16 – 21	10 – 12	\$255.00
JUNIOR IV (4)	JULY 30 – AUGUST 04	11 – 14	\$260.00
INTERMEDIATE I	AUGUST 06 – 11	13 – 15	\$260.00
SENIOR TEEN CAMP	AUGUST 13 - 18	15 – 17	\$265.00

ITEMS TO BRING FOR CAMP:

Two pair: Sturdy runners	Several shirts	Warm sleeping bag	Flashlight
One pair of water shoes – NO CROCS	Several pants &/or shorts	Warm Blanket & Pillow	Backpack for hiking
A warm coat	Underwear & socks	Pajamas	Water bottle
Heavy sweater/Hoodie	Swim suit	Toothpaste/brush	Insect Repellent
Hat	Towels & toiletries	Camera if desired	Sunscreen

Please ensure that all campers' belongings are marked with their names.
Canyon Church Camp is not responsible for any items left or lost at camp.

DO NOT BRING: CROCS/SANDALS, ELECTRONICS, money, food, candy, tobacco or precious jewelry

CANYON CHURCH CAMP IS ACCREDITED BY THE ALBERTA CAMPING ASSOCIATION
 AND THE UNITED CHURCH OF CANADA.
 WE ARE AN ALCOHOL, TOBACCO AND DRUG FREE FACILITY.

For information regarding Canyon Church Camp please email/mail:
 Registrar Mailing Address: 210A – 12A Street North, #418 Lethbridge, Alberta T1H 2J1
 E-mail: campcanyonregistrar@gmail.com
 Website: www.canyonchurchcamp.com



CANYON CHURCH CAMP is one of many Youth Camps operated by the United Church in Alberta. We offer co-ed camps open to children 6 to 18 years of age, regardless of religious denomination. We offer faith based studies, crafts, active games, water play and plenty of hiking in a Christian community in the rugged wilderness of Waterton Lakes National Park. **WHILE SAFETY IS OUR FIRST CONCERN, PARENTS SHOULD BE AWARE THAT ACCIDENTAL INJURY IS POSSIBLE IN OUR ACTIVE PROGRAM.**



Resource Staff Recruitment

Parents who wish to accompany their children to Canyon Church Camp are invited to apply to become volunteer Resource Staff. Resource Staff help to ensure the safety and happiness of campers under the direction of the counseling staff. Resource Staff fulfill one of the following roles:

Camp Mom or Dad - supervises meal service and cabin/bathroom cleanup.

Camp Medic – must have a minimum of standard first aid

Chaplain – leads faith formation and counsels staff regarding worship matters.

Nature Leader - leads short hikes and teaches simple nature programs.

Craft Leader -supervises crafts and cleanup.

While no salary is paid, accommodation and meals are provided. A Waterton Park Work Pass is available to Canyon Church Camp volunteers. Registration for one child or grandchild is offered at half-price with the exception of Junior I. While underage children may accompany resource staff, their safety will be your responsibility at camp. Resource staff will not be covered by camp liability insurance in cases of accident or misadventure. A Vulnerable Sector Police Record Check will be required for all Resource Staff.

All enquiries should be mailed/emailed to:

Sara Romeril

210A – 12A Street North, #418 Lethbridge, Alberta T1H 2J1

Email: campcanyon@gmail.com

WATERTON LAKES NATIONAL PARK ENTRANCE PROCEDURE:

In celebration of Canadas 150th Birthday, the Federal Government is giving free access to anyone wanting to visit a National Park in 2017. If you purchased a pass last year please use it this year as you will note it doesn't expire until 2018. If you did not purchase a pass last year, you will be required to go through the gate and receive a paper pass which are being issued so the government can see how many people are taking advantage of this gift.

From the Park Gate head towards the town site and turn right onto the Red Rock Canyon Road just before the bridge over Pass Creek. Travel up the Red Rock Canyon Road **past** the Crandell Lake Campground. Turn left immediately after Copper Mine Creek on the right and follow the road over the bridge and then left of the Crandell Lake Parking Lot. On the left you will see a sign saying Canyon Church Camp.

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CHILD/YOUTH CAMPERS WILL ARRIVE AT CAMP BETWEEN 3:00-4:00 PM ON THE FIRST DAY OF CAMP

AND MUST BE PICKED UP FROM CAMP BETWEEN 3:00-4:00 PM ON THE LAST DAY OF CAMP BY

PARENT(S) OR GUARDIAN(S). PLEASE JOIN US @ 2:30 FOR CLOSING CEREMONIES!

If otherwise, please specify who: Name _____

Phone Number (c) _____ (h) _____ (w) _____

Placements cannot be confirmed until full payment is received with this form. Placements are filled on a first-come first-serve basis. Those who have requested youth passes will receive them by mail and receipt of payment will be sent by email.

CANYON CHURCH CAMP REGISTRATION FORM

CCC accepts paypal, credit cards, cash, money orders or cheques for payment of registrations. Please email or mail your registration & payment to: Registrar, 210A – 12A Street North, #418 Lethbridge, Alberta T1H 2J1

CAMP REGISTERING FOR (please circle which camp):

JUNIOR I JUNIOR II JUNIOR III JUNIOR IV INTERMEDIATE I SENIOR TEEN

EMAIL ADDRESS (PLEASE PRINT CLEARLY): _____

TSHIRT SIZES:

CHILD: SMALL _____ MEDIUM _____ LARGE _____ ADULT: SMALL _____ MEDIUM _____ LARGE _____ XLARGE _____

MALE: _____ FEMALE: _____ DATE OF BIRTH: day _____ mm _____ year _____ AGE ON CAMP START DATE: _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

NAME & PHONE #'S OF PARENT/GUARDIAN FOR YOUTH CAMPS: (Name)

(Cellular) _____ (Home) _____ (Work) _____

DO YOU HAVE A FRIEND/FAMILY THAT YOU WOULD LIKE TO SHARE A CABIN WITH? IF YES, PLEASE GIVE US THE NAME & WE WILL DO OUR BEST TO ACCOMMODATE YOUR REQUEST (**ONLY ONE REQUEST PER CAMPER**).

NAME: _____

IN CASE OF EMERGENCY (if parent/guardian is not available):

Name _____ Relationship to Camper: _____

Phone (C) _____ (H) _____ (W) _____

OFFICE USE ONLY:

Date Registration Received: _____ Date Confirmation Sent: _____

Type of Payment: (cash) _____ (cheque) # _____ (money order) # _____

Amount of Payment: \$ _____

Registrar Initials: _____

CAMPER MEDICAL INFORMATION

HEALTH HISTORY: CAMPER NAME: _____

Male: _____ Female: _____ Age: _____ HEALTH CARE # _____

Name of Family Doctor _____ Phone #: _____

Dietary restrictions: (no) _____ (yes) _____ **If yes, please explain in detail what restrictions

CCC strives to be a Peanut Free Facility and do not intentionally have peanuts at our camp.

TELL US ABOUT YOUR CHILD: It is with sincere interest we would like to obtain as much information about your child as possible so that our staff can provide the absolute best experience of attending camp. All information is kept confidential and is only used to help our Directors to ensure a safe, comfortable and fun time for all our campers. If you prefer to speak directly with our Camp Medic or Directors, please feel free to do so at time of drop off or contact the Registrar and she will direct you to them through email or phone number. The more information our Medic and Directors have the more we can do to ensure your child/youth enjoys themselves.

Medications & Allergies: Must be given to Camp Medic on arrival. Medications must be labeled with the name of the medication and dosage regimen. A separate form will be completed at time of drop off with the Medic listing medications and instructions in case of any possible allergic reactions to anything at Camp.

Health Concerns: Seizures _____ Asthma _____ Diabetes _____ Bowel Issue _____

Immunizations up-to-date (yes) _____ (no) _____

Learning Disability _____ Behavioral Concerns _____ Bed-wetting _____ Other _____

Please explain _____

Will your child be restricted from any activities at camp? (no) _____ (yes) _____

If yes, please explain _____

Ability to swim 25 meters? Yes _____ No _____ Level of Swimming Lessons _____

The information contained in this Health Form is confidential and will be used only for the purpose of providing Health Care.

CANYON CHURCH CAMP AUTHORIZATION AND CONSENT

Dependent Registration: The child named herein has permission to engage in all prescribed camp activities, except as noted above, and I agree that he/she will be subject to the rules and regulations of Canyon Church Camp. In the event I cannot be reached in a Medical Emergency I hereby give permission that medical treatment be obtained. I agree to pay any charges not covered by my Medical Plan, ie: medications, ambulance, etc. I hereby waive all claims against the Canyon Church Camp Association and its representatives for any accident or injury that may occur to the child named above in connection with the events for which application to attend has been made.

I consent that images may be used for camp promotion purposes unless written objection is provided to the Registrar.

Date _____ Signature _____

Relationship _____ Print Name _____