

# REGISTRATION FORM FOR 2017 ALBERTA TEEN AND JUNIOR CAMPS

Name \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Male Camper  
 Female Camper

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardian's name if not living with parents \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Number \_\_\_\_\_

My choice to room with \_\_\_\_\_

(first and last name; your choice must choose you; one choice only)

Church Name \_\_\_\_\_

City \_\_\_\_\_



**TEEN CAMP** (Grade 8-12)

August 7-12

Speaker: Jim Tillotson

**JUNIOR CAMP** (Grade 4-7)

July 31 - August 4

Speaker: Grand View Staff

10:45 Program is a leadership camp available for those going into grade 10 and above. For information, contact Matt Wilson (contact information below)

## MEDICAL INFORMATION (Please use back of form if needed)

Healthcare Number \_\_\_\_\_

**ALLERGY INFORMATION:** Food \_\_\_\_\_ Insects \_\_\_\_\_

Medications \_\_\_\_\_ Other \_\_\_\_\_

Type of Allergic Reaction \_\_\_\_\_

Treatment Given \_\_\_\_\_

**OTHER INFORMATION** Preexisting medical conditions \_\_\_\_\_

Specific activities to be restricted \_\_\_\_\_ Reason for Restriction \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Most Recent Tetanus Shot \_\_\_\_\_

Medications Taken Regularly \_\_\_\_\_

Reasons for Medication: \_\_\_\_\_

## Required Signatures for Process of Application

\_\_\_\_\_ Parent /Guardian Signature

*I have read the general information and I agree to support the camp with the dress and conduct regulations for my child while they are at camp. In case of a medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the camp to hospitalize, secure proper treatment, order injection, anesthetize, or perform surgery deemed necessary for my child. I affirm that the medical information on this form is complete and accurate. I also grant permission to use any photos including my child in camp publicity.*

\_\_\_\_\_ Camper Signature

*I have read the general information, and I agree to comply with the dress and conduct regulations while at camp.*

### Payment

Teen Camp – grade 8-12 (August 7-12): \$235     Junior Camp – grade 4-7 (July 31-August 4): \$210

Note: **Mail your registration by JUNE 1 to receive \$20 off your final balance.** The \$35 registration fee is part of the total camper fee listed. It is the minimum required at registration. You may either pay the registration fee at registration and the remaining balance upon arrival at camp or pay the full fee at registration. **Make cheques payable to Western Canada Baptist Fellowship.**

**Mail Registrations to:**  
WCBF:Camp  
2215-17 St NW, Edmonton, AB T6T 1J1 (780) 440-1195

### General Information

**Arrival:** Check-in starts Monday at 2:30 p.m. Camp program begins at 5:00 p.m. **Departure:** (Teens) 9:00 a.m. on Saturday. (Juniors) 9:00 a.m. on Friday. **What to bring:** Bible, bedding (twin-sized), pillow, towels, toiletries, camera, flashlight, spending money (camp store, craft shop, paintball), jacket or sweatshirt, activity clothes, nice casual clothes for evening services. **Do not bring:** Alcohol, drugs, tobacco, fireworks, weapons, magazines, apparel with inappropriate graphics or lettering, electronic devices (including but not limited to cell phones/music/media players). **Christian conduct:** As a Christian organization, Grand View Camp maintains high standards of conduct. Campers who use alcohol, tobacco, or illegal drugs will be dismissed. No romantic contact is allowed. Uncooperative or noncompliant campers are subject to dismissal. **Ladies/girls note:** Clothing should come to the top of the knee and cover the shoulders. Low necklines (front and back) are not acceptable. Pants should be loose-fitting. **Medical professional:** A medical professional will be on duty at all times. For the protection of campers, we are unable to retain campers with contagious conditions such as chickenpox and lice. **Medications:** Do not send medications unless prescribed by a doctor. Medications must be in their original container. **Meals:** Those on special diets must bring their own necessary supplements. **Phone use:** Phones may only be accessed by campers for emergencies.

### Directions to the Lions District 37-O Youth Camp, Cremona, AB

#### Directions from Edmonton and points north:

1. Take Highway 2 south towards Calgary.
2. Take the Carstairs, AB exit (#315) and go west on 581 a few km to Highway 2A.
3. Turn south (left) on 2A and go a few km.
4. Turn west (right) on Highway 580 and continue west for approximately 20 km.
5. Take the first right (RR 34) after crossing Highway 766 (note it's a smaller highway than 580) Watch for the signs for the Lions Club Campground. Follow the signs and arrive at the camp.

#### Directions from Calgary and points South:

1. Take Highway 2 north as if heading to Edmonton.
2. Take the Carstairs, AB exit (#305) and continue north on Highway 2A for a few km.
3. Turn west on Highway 580 (follow directions 4 and 5 above).

### Contact Information

**Western Canada Baptist Fellowship**  
2215-17 St NW, Edmonton, AB T6T 1J1  
(780) 440-1195

**Grand View Camp**  
[www.grandviewcamp.org](http://www.grandviewcamp.org)  
Office Phone: (602) 908-9195  
[info@grandviewcamp.org](mailto:info@grandviewcamp.org)

**Lions Youth Camp Site Information**  
Township Road 300  
Cremona, AB  
\*Phone Number: (403) 337-2059  
\*For emergency use during camp dates only

