

Ukrainian Catholic Eparchy of Edmonton Acolyte Camp August 1st to August 6th, 2016

The Acolytes (Altar Boys) of the Ukrainian Catholic Eparchy of Edmonton serve an integral part in our church celebrations and again are given an opportunity to attend the Annual Acolyte Camp to learn more about their church, faith and each other. The camp will offer spiritual, cultural, recreational activities and great food.

WHO IS INVITED TO ATTEND?

- ❖ all active Acolytes of the Ukrainian Catholic Eparchy 7 years and older, and
- ❖ boys of the Ukrainian Catholic Eparchy wishing to become active Acolytes.

CAMP DATES

Monday, August 1st, 2016

- ❖ Camp Registration: 3:00 – 4:30 p.m.
- ❖ Liturgy for Acolytes, Parents, and Staff: 4:30 p.m.
- ❖ Supper for Acolytes and Staff: 6:00 p.m.

(Please do not bring pets)

August 2nd – August 5th, 2016

- ❖ Daily Program Activities: Liturgy, Religious Instruction, Sports/Water Front Activities, and Crafts

Saturday, August 6th, 2016

- ❖ Closing of Camp and Pick up of Acolytes: 1:00 p.m.

(Please do not bring pets)



Please bring your Rosary from the 2015 Acolyte Camp

Registration Fees

\$200.00 per Acolyte Camper

PLEASE FORWARD REGISTRATIONS AND FEES BY JULY 6th, 2016

PLEASE MAKE CHEQUES PAYABLE TO: EDMONTON EPARCHY ACOLYTE CAMP

MAIL TO: EDMONTON EPARCHY ACOLYTE CAMP

% 5816 – 203 Street NW

EDMONTON, AB T6M 2Z3

WHAT TO BRING?

- ❖ sleeping bag & pillow
- ❖ toiletries (toothpaste/brush, soap, shampoo, comb/brush)
- ❖ insect repellent and sun screen
- ❖ clothing - several changes of clothing, swim wear, rain wear
warm clothing in case of cool & wet weather
- ❖ sunglasses and sun hats/caps

PLEASE ENSURE ALL POSSESSIONS ARE LABELLED

WHAT NOT TO BRING?

These items will be taken away from the camper and returned on the last day.

- * ghetto/radios/ipods
- * walkmans
- * personal valuables
- * money
- * **JUNK FOOD**
- * electronic games
- * water pistols/soakers



DISCIPLINE POLICY

All Acolytes will be subject to camp rules. Abuse of camp rules, bullying and general misbehaviour will not be tolerated. Should behavior warrant a problem, the Camp Program Director and Camp Team reserves the right to suspend the acolyte(s). Suspension will result in a phone call at your (parent/guardian's) expense, requesting that you pickup your son immediately, regardless of hour.

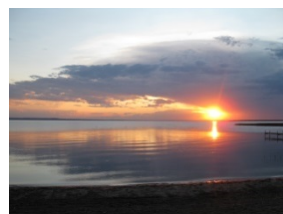
MEDICATION

All campers' medication **MUST** be indicated on the registration form and turned into the camp nurse upon arrival.

CAMP INFORMATION

Spiritual Director: Father Josaphat Tyrkalo, OSBM frjot@telus.net
Telephone: (780) 764 3860

Information: Greg Balko (780) 457 5266 gbalko@telusplanet.net
Walter Kowalchuk walterk@mac.com
Zenon Wojnowskyj (780) 973 5490 madukr@shaw.ca



Ukrainian Catholic Eparchy of Edmonton Acolyte Camp
Camp St. Basil - Pigeon Lake
August 01 - August 6, 2016
REGISTRATION FORM

ACOLYTE NAME (PLEASE PRINT)

Last: _____ First: _____

Address: _____ Telephone: _____

_____ Postal Code: _____

Date of Birth: _____ Age: _____

Parent's E-mail Address: _____

Parish: _____

Parish Priest: _____

MEDICAL INFORMATION

AB HEALTH CARE NUMBER _____

ADDITIONAL INSURANCE AND NUMBER _____

NAME OF FAMILY DOCTOR _____ PHONE _____

ALLERGIES _____

MEDICAL CONDITION(S) _____

DOES YOUR CHILD TAKE REGULAR MEDICATION YES NO

(IF YES, SEE CAMP NURSE UPON ARRIVAL WITH MEDICATION AND NECESSARY INFORMATION)

NAME OF MEDICATION _____

ADDITIONAL MEDICAL INFORMATION _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PLEASE COMPLETE THE BACK OF THIS FORM

Ukrainian Catholic Eparchy of Edmonton Acolyte Camp

PARENT(S)/GUARDIAN(S) NAME (PRINT)

MOTHER'S _____ FATHER'S _____
(PRINT) (PRINT)

E-MAIL _____

DAY PHONE OF PARENT (WORK)

(MOTHER OR FATHER CIRCLE)

DAY PHONE OF PARENT (WORK)

(MOTHER OR FATHER CIRCLE)

EMERGENCY CONTACT #1 (IF PARENT IS UNAVAILABLE)

NAME _____ PHONE _____
(PRINT) (PRINT)

RELATIONSHIP TO ACOLYTE _____

SHIRT SIZE: S M L XL (Please Circle One)

In consideration of my child (print name)

_____ being admitted to Camp St. Basil, I hereby release the Order of St. Basil the Great in Canada, Edmonton Eparchy Acolyte Camp Committee, Camp St. Basil, and the Ukrainian Catholic Eparchy of Edmonton, and its representative(s) from all damages arising from any accident or injury which is caused by, or arises from participation of the applicant hereon, during any program or in any location where the program is being held. I further acknowledge that certain personal information, including my name or my child's name and photographic or video image, is collected, from time to time, and give consent to the use of such personal information in connection with still photographs without compensation and I waive the right to inspect or approve any such use in connection therewith.

On acceptance of (print name) _____ as a participant in the Ukrainian Catholic Eparchy Acolyte Camp, I give full consent for medical treatment and aid on behalf of my child including admission to any hospital or clinic as deemed advisable and this shall be sufficient authority to do so.

Signature of Parent/Guardian _____

Date _____ **Witness** _____

FOR OFFICE USE ONLY

Payment Received cash [] or cheque [#]