

Ukrainian Catholic Eparchy of Edmonton Acolyte Camp

August 6st to August 11th, 2012

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 6th, 2012

- ❖ Camp Registration: 3:00 – 4:30 p.m.
 - ❖ Supper for Acolyte Campers and Staff: 5:30 p.m.
 - ❖ Official Opening of Acolyte Camp: 7:00 p.m.
- (Please do not bring pets)

August 7th – August 10th, 2012

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

Saturday, August 11th, 2012 (Last Day of Camp)

- ❖ Closing of Camp: 1:00 p.m.
- (Please do not bring pets)



Registration Fees

\$175.00 per Acolyte Camper

PLEASE FORWARD REGISTRATIONS AND FEES BY JULY 20TH, 2012

PLEASE MAKE CHEQUES PAYABLE TO: EDMONTON EPARCHY ACOLYTE CAMP
MAIL TO: Greg Balko, 11112 – 157A Avenue, Edmonton, AB T5X 5N6
Attention: Acolyte Camp

Late registration Fees \$200.00

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
- ❖ baseball glove

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 TEAM

Spiritual Directors: Father Slavko Dumec slavkodumec@hotmail.com

Pastor, Protection of the Blessed Virgin Mary Parish

Camrose, AB (780) 679-0975

Father Gabriel Haber OSBM

Basilian House of Studies (780) 451 5879

Associate Directors: Daryl Chichak (780) 450-1813 chichakpdman@shaw.ca

Don Durda (780) 456-7456 dondurda@shaw.ca

Greg Balko (780) 457-5266 gbalko@telusplanet.net



Ukrainian Catholic Eparchy of Edmonton Acolyte Camp
Camp St. Basil – Pigeon Lake
August 06 – August 11, 2012
REGISTRATION FORM

ACOLYTE NAME (PLEASE PRINT)

Last: _____ First: _____

Address: _____ Telephone: _____

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

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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 _____

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, Friends of Camp St. Basil Society, 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

Application Recorded []
Payment Received cash [] or cheque [#]