

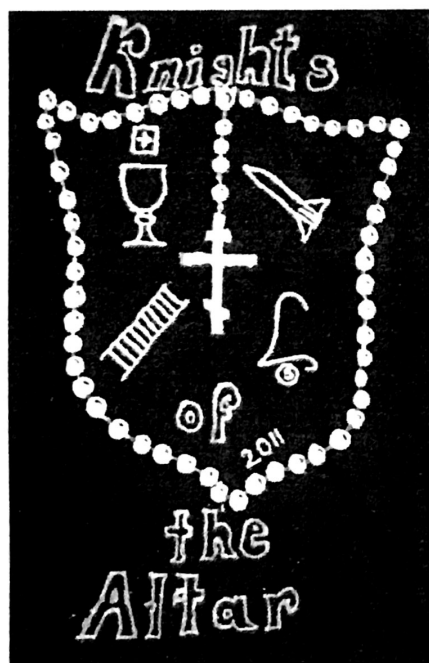
## **Ukrainian Catholic Eparchy of Edmonton Acolyte Camp August 7<sup>th</sup> to August 12<sup>th</sup>, 2017**

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 7<sup>th</sup>, 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 8<sup>th</sup> – August 11<sup>th</sup>, 2017**

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

#### **Saturday, August 12<sup>th</sup>, 2017**

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

**(Please do not bring pets)**

**Please bring your Rosary**

### **Registration Fees**

Early Bird Registration: \$200.00 per Acolyte Camper

Registration after July 14<sup>th</sup>, 2017: \$250.00 per Acolyte Camper

**PLEASE MAKE CHEQUES PAYABLE TO:**

**EDMONTON EPARCHY ACOLYTE CAMP**

**MAIL TO:**

**EDMONTON EPARCHY ACOLYTE CAMP**

**% 7007 109 Street NW**

**EDMONTON, AB T6H 3B9**

## 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.

- |               |                      |                         |
|---------------|----------------------|-------------------------|
| * iPads/iPods | * personal valuables | * electronic devices    |
| * money       | * <b>JUNK FOOD</b>   | * 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](mailto:frjot@telus.net)

Telephone: (780) 434 8010

Information:	Elizabeth Dokken	<a href="mailto:e.dokken@icloud.com">e.dokken@icloud.com</a>
	Walter Kowalchuk	<a href="mailto:walterk@mac.com">walterk@mac.com</a>
	Zenon Wojnowskyj	<a href="mailto:madukr@shaw.ca">madukr@shaw.ca</a>

# Ukrainian Catholic Eparchy of Edmonton Acolyte Camp

At Camp St. Basil - Pigeon Lake

August 7<sup>th</sup> - August 12<sup>th</sup>, 2017

## **REGISTRATION FORM**

### **ACOLYTE NAME (PLEASE PRINT)**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parish: \_\_\_\_\_

Parish Priest: \_\_\_\_\_

### **MEDICAL INFORMATION**

AB HEALTH CARE NUMBER: \_\_\_\_\_

ADDITIONAL INSURANCE AND NUMBER: \_\_\_\_\_

NAME OF FAMILY DOCTOR: \_\_\_\_\_

FAMILY DOCTOR PHONE /EMERGENCY: \_\_\_\_\_

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(S) 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) LAST 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 [ # ]