Ukrainian Catholic Eparchy of Edmonton Acolyte Camp August 6th to August 11th, 2018

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. Adult are encouraged to volunteer their time and talents (criminal record check will be required).

WHO IS INVITED TO ATTEND?

- ❖ All active Acolytes of the Ukrainian Catholic Eparchy 7 years and older
- * Boys of the Ukrainian Catholic Eparchy wishing to become active Acolytes and who have not had an opportunity to learn to serve



Please bring a rosary

CAMP DATES

Monday, August 6th, 2018

- ❖ 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 7th - August 10th, 2018

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

Saturday, August 11th, 2018

- ❖ 10:30 a.m. liturgy for acolytes, parents and staff
- Closing of Camp and Pick up of Acolytes by 12 noon (Please do not bring pets)

Registration Fees

Early Bird Registration: \$200.00 per Acolyte Camper

Registration after July 8th, 2018: \$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
- rosary



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 valuableselectronic devices

- money
- × JUNK FOOD
- 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) 434 8010

Information: e.dokken@icloud.com Elizabeth Dokken

> Walter Kowalchyk walterk@mac.com madukr@shaw.ca Zenon Wojnowskyj



Ukrainian Catholic Eparchy of Edmonton Acolyte Camp

Camp St. Basil - Pigeon Lake August 6th - August 11th, 2018 <u>REGISTRATION FORM</u>

ACOLYTE NAME (PLEASE PRINT)

_ast:	First:
Address:	Telephone:
	Postal Code:
Date of Birth: Parent's E- mail Address:	Age:
Parish:	
Parish Priest:	
	MEDICAL INFORMATION
AB HEAL	TH CARE NUMBER
	NAL INSURANCE AND NUMBER PHONE
ALLERGIE	ES
MEDICAL CONDITION(S)	
	UR CHILD TAKE REGULAR MEDICATION ☐ YES ☐ NO
· · ·	EE CAMP NURSE UPON ARRIVAL WITH MEDICATION AND NECESSARY
INFORMA	ATION)
NAME OF	MEDICATION
ADDITIO	NAL MEDICAL INFORMATION
	RE OF PARENT/GUARDIAN
	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) (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 [#]