

Ukrainian Catholic Eparchy of Edmonton Acolyte Camp August 3rd to August 8th, 2015

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 3rd, 2015

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

August 4th – August 7th, 2015

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

Saturday, August 8th, 2015

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



For this year only, formal Program activities will end on Friday evening (August 7th, 2015) to permit any Acolytes, Clergy and others to attend the Priestly ordination of Deacon Jim Nakonechny on Saturday August 8th at 10:00 at St. Basil's Church in Edmonton.

Volunteer Staff will be on hand Saturday for the pickup of Acolytes from Camp.

Registration Fees

\$175.00 per Acolyte Camper

PLEASE FORWARD REGISTRATIONS AND FEES BY JULY 3rd, 2015
PLEASE MAKE CHEQUES PAYABLE TO: EDMONTON EPARCHY ACOLYTE CAMP

MAIL TO: EDMONTON EPARCHY ACOLYTE CAMP

% 11112 – 157A AVENUE NW

EDMONTON, AB T5X 5N6

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

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 Directors: Father Josaphat Tyrkalo, OSBM

frjot@telus.net

Telephone: (780) 764 3860

Information:

Greg Balko (780) 457 5266

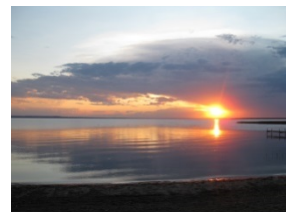
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Ukrainian Catholic Eparchy of Edmonton Acolyte Camp
Camp St. Basil - Pigeon Lake
August 03 - August 8, 2015
REGISTRATION FORM

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

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 _____

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 [#]