

# 2017 ALBERTA PIONEER CAMPER APPLICATION



Box 660  
Sundre, AB  
TOM IXO  
info@pioneer camps.ab.ca  
p. 403.638.2660  
f. 403.638.4041  
www.pioneer camps.ab.ca

You can also  
**REGISTER ONLINE**  
www.pioneer camps.ab.ca

## CAMPER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Camper's Email: \_\_\_\_\_  
 Camper's Date of Birth: MM-DD-YYYY Age at Camp: \_\_\_\_\_ Gender:  M  F  
 Room/Group mate choice: (only two requests - should be same age) \_\_\_\_\_  
 School Name: \_\_\_\_\_ Grade at Camp: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION (whom the camper is living with)

Camper lives with:  Both Parents  Mother  Father  Guardian  Foster Parent  Joint  
 Mother/Guardian: (Full Name) \_\_\_\_\_  
 Cell/Bus #: \_\_\_\_\_  
 Father/Guardian: (Full Name) \_\_\_\_\_  
 Cell/Bus #: \_\_\_\_\_  
 Parent Email: (Confirmation will be sent to this address) \_\_\_\_\_  
 3rd Party Emergency Contact: \_\_\_\_\_  
 Relation to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 How did you learn about APC?  Relative  Friend  Church  Website  Facebook  TV  Other  
 Referred by: (Please give friend or relative's name) \_\_\_\_\_  
 Has camper or sibling attended APC camp before?  Yes  No Location? \_\_\_\_\_  
 Is there a brother/sister attending this year?  Yes  No Name(s): \_\_\_\_\_  
 Does your family participate in a church or faith community?  Yes  No  
 Name of church or faith community if 'Yes': \_\_\_\_\_  
 Has either parent/guardian been involved with APC?  Yes  No  
 If yes, please indicate your type of involvement:  Camper  Staff  Volunteer Year(s)? \_\_\_\_\_



We respect your privacy and never sell, trade, rent, or otherwise share personal information. All personal information received by Inter-Varsity Christian Fellowship of Canada is handled with strict confidentiality for the purposes of enrolling your child in Alberta Pioneer Camp and for subsequent communication with you. If you have questions or concerns, please contact us at 403.638.2660.

## CAMP SESSIONS

### PIONEER LODGE

GST not included in fee.

Sundre, AB

DATES	SESSION	AGES	FEE	✓
July 2 - 6	Discovery 1	6-9	\$375	
July 2 - 6	WIT 1	15-17	\$375	
July 9 - 15	Horsemanship 1	10-12	\$565	
July 10 - 14	Day Camp	5-9	\$240	
July 16 - 22	Junior Boys	9-11	\$565	
July 16 - 27	PYC	15	\$470	
July 23 - 27	Discovery 2	6-9	\$375	
July 30 - Aug. 5	Quest	9-11	\$565	
August 13 - 19	Junior Girls	9-11	\$565	
August 20 - 26	Horsemanship 2	10-12	\$565	
August 27 - 30	Discovery 3	6-9	\$285	
August 27 - 30	WIT 2	15-17	\$285	

### PIONEER RANCH

Rocky Mountain House, AB

DATES	SESSION	AGES	FEE	✓
July 1 - 7	Breakaway	12-14	\$565	
July 2 - 15	LIT	16-18	\$600	
July 9 - 15	ZAO *	12-15	\$565	
* Zao choose Track Option: Paddling__ Riding__ Zoom__				
July 18 - 31	Senior Girls *	12-17	\$1210	
* Senior Girls ages 14-17 choose Out-Trip Option: Backpacking__ Canoeing__ Riding__				
August 2 - 12	Senior Boys *	12-17	\$940	
* Senior Boys ages 14-17 choose Out-Trip Option: Backpacking__ Canoeing__ Riding__				
August 14 - 20	Senior Horsemanship	13-15	\$565	
August 22 - 29	Plunge	15-17	\$750	

### TRANSPORTATION OPTIONS

For Breakaway, Plunge, Senior Girls, Senior Boys, Senior Horsemanship & ZAO Summer Camps.

	FEE	✓	
<b>Going to Camp:</b>	From Calgary	\$50	
	From Red Deer	\$50	
	From Edmonton	\$50	
	Parent Drop Off	---	
<b>Returning:</b>	To Calgary	\$50	
	To Red Deer	\$50	
	To Edmonton	\$50	
	Parent Pick Up	---	

For more information go to  
[www.pioneer camps.ab.ca](http://www.pioneer camps.ab.ca)

**CALCULATION AREA**

Check here if registering for more than 1 week.

(see Camp Sessions) <b>Camp Fee</b>	
(optional for Ranch) <b>Transportation Fee</b>	
(see box) <b>Less Any Discounts</b>	
<b>5% GST</b>	
<b>subTotal</b>	
(optional) <b>Prepaid Tuck</b> (we suggest \$10-\$20)	
<b>Donate to APC Scholarships</b> and help another child enjoy the APC experience. Income tax receipts issued for donations over \$15.	
<i>GST not included in fee.</i>	
<b>TOTAL</b>	

**DISCOUNTS**

**Family:**

\$50: Day Camp/PYC/LIT/WIT  
All other camps: 2nd child \$75 / 3rd child \$100 / 4th child \$125

**Multiple Week:**

2nd week \$100

**REBATE OR CREDIT**

*(not calculated on this form)*

For each 1st time camper that you refer to APC, we will award you a \$50 rebate for 2017 or a \$75 credit toward 2018. Refer five & your week is free! See www.pioneercamps.ab.ca/friend for more.

*(Your name must be on their application to receive rebate. Siblings are not eligible as 1st time friends. Non-applicable to agency paid fees.)*

**SEND PAYMENT AND COMPLETED APPLICATION FOR PROCESSING**

1. Full payment only when using Visa or MasterCard.
2. If paying by cheque, full payment or a deposit of \$100 per application, with the balance of fees enclosed as post dated cheque, dated no later than June 1, 2017. There will be a fee charged for NSF cheques.
3. After June 1, 2017 full payment to be made by credit card or money order.

- Cheque payable to:  
Alberta Pioneer Camp
- Credit Card
- MasterCard
- Visa

Card Number: \_\_\_\_\_

CW Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature \_\_\_\_\_

**HEALTH & SAFETY**

Health and Safety are emphasized at all times at Alberta Pioneer Camp. We have a licensed camp nurse and nursing station located on site.

Camper's Health Card #: \_\_\_\_\_ Expiry Date: MM-DD-YYYY All campers must have medical insurance.

**Please answer the following questions. If applicable, attach a detailed note for any that you answer yes:**

- Does your child have any allergies (food, drug, environmental)?  Yes  No
- Does your child have any special health concerns?  Yes  No
- Does your child have any conditions (mental, physical or behavioural) that require medication or treatment while at camp?  Yes  No  
*Please attach detailed note on the condition(s), medication(s) and dosage if 'Yes'. Due to the structure of our program, and for the benefit of your child, Alberta Pioneer Camp requests that medication required throughout the year be sent with your child to camp.*
- Is your child on a medically prescribed meal plan or dietary restriction?  Yes  No
- Does your child have emotional or behavioural issues that the camp should be aware of?  Yes  No
- Does your child have any conditions (mental, physical or behavioural), which requires one on one staff support?  Yes  No  
*(Additional fee may apply. Please contact office for availability.)*
- Are immunizations up to date including tetanus booster?  Yes  No  Conscience or Religious Exemption
- Date of last Tetanus Booster: MM-DD-YYYY *\*If immunizations are not up to date, please plan to have them made current before camp.*

**Has your child experienced, or is currently experiencing, any of the following conditions: (Please check all that apply & provide a detailed note)**

- |  |  |   |
|--|--|---|
| <input type="radio"/> ADD/ADHD                           | <input type="radio"/> Mental Health Issues/ Depression | <input type="radio"/> Homesickness  |
| <input type="radio"/> Asthma                             | <input type="radio"/> Eating Disorder                  | <input type="radio"/> Sleep Troubles / Sleep Walking / Nightmares / Terrors |
| <input type="radio"/> Bedwetting                         | <input type="radio"/> Epilepsy / Seizures              | <input type="radio"/> Restrictions on activity                              |
| <input type="radio"/> Concussions / Blackouts / Fainting | <input type="radio"/> Headaches                        | <input type="radio"/> Stomach, Digestive or Constipation / Diarrhea         |
| <input type="radio"/> Speech, Vision or Hearing Problems | <input type="radio"/> Behavioural Issues               | <input type="radio"/> Struggles with Self-Harm (i.e. cutting)               |
| <input type="radio"/> Developmental Delays               | <input type="radio"/> Diabetes                         | <input type="radio"/> Other   |

**Authorization for Treatment**

1. I hereby authorize the camp personnel to handle any medical problems with my child during his/her stay at camp.
2. In the event that a camper requires special medication, x-ray, or treatment beyond that which is possible at camp, we will attempt to notify the parents as soon as possible. The parent/guardian will be responsible for any additional expense for additional care or transportation.
3. In case of surgical emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named on this application.
4. I will inform the camp if my child has had any changes in health, including any communicable disease within the three weeks prior to his/her stay at the camp.
5. Inter-Varsity's Alberta Pioneer Camp has my permission to contact my family doctor as necessary to ensure the best care for my child/ward.
6. I give permission to Inter-Varsity's Alberta Pioneer Camp to give the Over the Counter medications checked off.

- |   |   |  |                               |
|---|---|--|-------------------------------|
| <input type="radio"/> Appropriate Cold Formula    | <input type="radio"/> Dimenhydrinate (Gravol) | <input type="radio"/> Acetaminophen (Tylenol)  | <input type="radio"/> Antacid |
| <input type="radio"/> Appropriate Allergy Formula | <input type="radio"/> Antidiarrheal Formula   | <input type="radio"/> Ibuprofen (Advil/Motrin) |                               |

The medical information given is correct, to my knowledge, and the person herein described has permission to engage in all prescribed camp activities, except as noted by myself. The camp retains the right to dismiss any camper whose condition has not been disclosed to the camp staff. Each camper must be covered by medical insurance prior to arrival at camp and must extend throughout their entire time at camp.

Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_ Signature of Parent / Guardian \_\_\_\_\_ MM-DD-YYYY  
Date

## CAMP INFORMATION

---

**Fee includes** all meals while at camp, housing, use of all recreational equipment and facilities, instruction in activities, and awards. **Fee does not include** transportation to and from the camp or Tuck Shop purchases. We do not provide weekend accommodations for 2 week campers.

**Financial assistance** is available for those who qualify. Assistance is at the discretion of the Camp Director. Contact the office for information and a scholarship application. The deadline for applications is June 30, 2017.

**Nut/Peanut Policy:** Inter-Varsity's Alberta Pioneer Camp cannot guarantee to be a nut/peanut free environment. We do seek to reduce the risk of exposure and therefore do not use or serve peanuts, peanut products or tree nuts on camp property. Nuts or products containing nuts will not be available in our Tuck Shop(s). However the food we purchase may contain traces of nut products. Please do not send any food items to or with your camper that contain nut products (this includes chocolate bars, granola bars, etc.). Any items containing nut products will be removed from the camp.

**Cancellation Policy:** If you cancel more than two weeks prior to the start of camp, you will get a full refund less \$75/week administration fee. If you cancel less than two weeks prior to the start of camp, you will get NO REFUND (includes camp fees, out-trip fees, and transportation fees) except for medical reasons with a note from a doctor. In that case, you will get a full refund less \$100/week administration fee. No refund will be made for dismissals due to disciplinary action, late arrivals or early departures. Withdrawal during camp on physician's orders will result in the value of fees for the unexpired term being refunded. Please contact camp office for cancellation details for Out-trips and/or transportation fees.

**Confirmation of Enrolment** and camp information (what to bring, directions, arrival and departure, Tuck Shop) will be sent to the email or mailing address indicated on the application upon receiving your completed registration and payment. Final acceptance of applicant is at the discretion of the Camp Director.

## CONDITIONS OF ENROLMENT

---

1. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Inter-Varsity's Alberta Pioneer Camp, including a photocopy of the section of any court order referring to visitation rights.
2. The Camp Director reserves the right to dismiss a camper who, in the Director's opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp and/or whose behaviour is placing unacceptable constraints upon the staff and their responsibilities toward other campers. This may range from missing an activity to complete dismissal depending on the situation. In the instance that a camper is dismissed from camp for any reason, the parents/guardians are responsible for pick-up of the dismissed camper.
3. If the camper has any physical, emotional, developmental or behavioural need, particularly if it is a condition that would require special attention or exclude the camper from any Camp activity, describe fully on a separate sheet of paper. Inter-Varsity's Alberta Pioneer Camp retains the right to dismiss any camper whose condition has not been disclosed during the application process.
4. I, the parent/guardian of the herein named participant, release Inter-Varsity Christian Fellowship of Canada and Alberta Pioneer Camp, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the herein named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the herein-named camper. This release is for both while the camper is on site and any camp-related off-site trip/activity. Each camper must be covered by Provincial Health Insurance or equivalent medical insurance prior to arrival at camp and must extend throughout their entire time at camp.
5. The parent/guardian agrees to permit reasonable use of photos, videos or other pictures of the applicant camper in promoting Inter-Varsity's Camps and/or camp activities and programs, and/or Inter-Varsity Christian Fellowship in general in printed and/or electronic media.
6. Inter-Varsity's Alberta Pioneer Camp encourages our staff to keep in contact with campers periodically throughout the year. I the parent/guardian permit such contact.
7. I give my permission for Inter-Varsity to communicate camp information or registration opportunities to me electronically.
8. The parents/guardians hereby agree to reimburse Inter-Varsity's Alberta Pioneer Camp for any wilful damages caused by the applicant camper.
9. The use or possession of alcohol, illicit drugs, or cigarettes by campers is strictly prohibited.
10. The parent/guardian agrees to be responsible for the payment of all fees due to the camp by June 1, 2017. This registration is not complete until all fees are paid.

I have read and understand the Conditions of Enrolment, including the Cancellation Policy and Camp Information and hereby accept the conditions listed.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date