

OPPORTUNITIES FOR DISCOVERY



WELLMAN LAKE UNITED CHURCH CAMP

JULY 5 – AUGUST 14, 2009

For Boys and Girls

Ages 7 – 15

Accredited by the United Church of Canada and the Manitoba Camping Association. Supporter of the Sunshine Fund.

In Case of Family Emergency call camp at 1-204-525-2468

www.wellmanlakeuccamp.ca

MISSION STATEMENT

"It is our mission and purpose to give people of all ages and stages of life an opportunity to live in community, develop leadership skills, experience the outdoors, have fun and deepen their faith with God"

THE PROGRAM

The Program is directed and led by Accredited staff, providing an atmosphere of Christian living in an outdoor setting. Crafts, campfires, canoeing, worship, sports, and various creative activities make up the program. A certified lifeguard and all staff are trained in First Aid / CPR. Cooks have certification in the Manitoba Safe Food Handling program.

THE CAMP

The camp is ideally situated overlooking beautiful Regatta Bay. The camp site includes a main lodge, complete with a fireplace. This area is used for eating and sometimes group projects. Any rainy day activities take place within the lodge, including evening campfires. Also on site are 4 cabins that serve as sleeping quarters. Over the last year we have constructed an all-season hall which will be open as well. Each sleeps 12 campers and 1 or 2 counselors. A swimming area is enjoyed by all campers. Wellman Lake United Church Camps are opportunities for young people to learn more about Christian living.

2009 Summer Camps

Ages as of January 1, 2009

First Junior camp	Ages 10 - 12	Sunday July, 5 – Friday July, 10
Intermediate Camp	Ages 13 - 15	Sunday July, 12 – Friday July, 17
Second Junior Camp	Ages 10 - 12	Sunday July, 19 – Friday July, 24
Adventure Camp	Ages 13 - 15	Sunday July 26 – Friday July 31
NOTE: Limit of 20 campers for this camp		
Pre-Junior Camp	Ages 7 – 9	Tuesday Aug. 4 – Friday Aug. 7
Third Junior Camp	Ages 10 – 12	Sunday Aug. 9 – Friday Aug. 14

NO AGE EXCEPTIONS!!!! PLEASE NOTE!!

Camp begins at 4:00 pm Sunday and ends at 12:00 noon Friday unless otherwise noted. Camper registration deadline is 10 days before camp start. All campers should arrive between 3:30 and 4:00 on the Sunday. No supervision is provided to campers prior to this time.

WHAT TO BRING

PLEASE LABEL ALL BELONGINGS !!!!

- ⊕ Shorts, T-shirts
- ⊕ Pants/jeans, sweatshirts
- ⊕ Runners (no slip-ons or sandals)
- ⊕ Bathing suit
- ⊕ Toiletries: soap, shampoo, hairbrush/comb, toothbrush and toothpaste
- ⊕ Towel and facecloth
- ⊕ Sun hat and sunscreen
- ⊕ \$10.00 for spending money
- ⊕ Musical instrument (optional)
- ⊕ Socks, underwear, pajamas (warm and cool)
- ⊕ Jacket and rain gear
- ⊕ Aqua shoes or old runners (for waterfront)
- ⊕ Sleeping bag, pillow, extra blanket
- ⊕ Insect repellent (non aerosol)
- ⊕ Book to read during quiet time
- ⊕ Camera and film (optional)

COST

\$55.00 + GST = \$57.75 for Pre-Junior Camp

\$85.00 + GST = \$89.25 for Junior & Intermediate Camp

\$80.00 for Junior & Intermediate Camp if more than one child per family attends camp

!!! NEW !!! \$110.00 + GST = \$115.50 for Adventure Camp (ages 13-15)

NOTE: Registration Deadline is 10 days prior to the start of each camp session. In the event of a cancellation within 3 days of the camp, a \$15.00 administration fee will be withheld.

Adventure Camp is designed for youth who want to learn and be involved in nature, and includes training in compass, GPS, geo-caching, map orientation, canoeing, nature hikes, trail riding, minimum impact camping and survival training, and archeological investigation. Weather permitting, an overnight camp will be held during the week. Campers registering for this camp need to bring a Mountain Bike, bike helmet, riding gloves, fishing rod with some tackle, and a small day backpack.

Make Cheques payable to:

Wellman Lake United Church Camp

Mail registration form, Medical information and Camp Fee to:

Denie Quon

Comp 83 RR#1

Swan River, Manitoba R0L 1Z0

1-204-734-9138

Please NOTE:

Arrangements can be made for pickup and drop-off at bus terminal in Swan River or Minitonas if pre-arranged prior to camp

WE LOOK FORWARD TO SEEING YOU THERE.

PLEASE RETURN THE REGISTRATION FORM (FOLLOWING TWO PAGES) WITH PAYMENT

Camp Registration Form – Please return with payment

NOTE: Must be filled out by parent or guardian

This form will be maintained at the camp by the camp director. It is the parent's responsibility to update for any medical or other changes when registering the camper on site.

Surname: _____

Given Name: _____

Male: _____ Female _____

Date of Birth: _____

Age as of January 1, 2009 _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Home Telephone: _____

Alternate Telephone: _____

Camp Attending: _____

Medical Number: (6 and 9 digits) _____

Family Doctor: _____

EMERGENCY MEDICAL INFO.

Allergies: Yes _____ No _____

If Yes, please indicate below:

_____ medicine _____ Toxins

_____ Insect bites _____ Food

_____ plants _____ Smoke

_____ Animals _____ Other

Symptoms: _____

Has had, please check (x)

_____ Appendicitis _____ Chicken Pox _____ Scarlet Fever _____ Heart Condition

_____ Mumps _____ Measles _____ Rheumatic Fever _____ Kidney Disease _____ Other

Explain: _____

If any of the following are applicable, check (x) and give details:

_____ Asthma _____ Convulsions _____ Fainting spells

_____ Motion Sickness _____ Hernia _____ Bed Wetting _____ Sleepwalking

_____ Contact Lenses _____ Glasses _____ Bleeding Disorders

_____ Ear Problems _____ Back Problems _____ Cramps _____ Nightmares

_____ Pregnant _____ Headaches _____ Diabetes _____ Others

Explain: _____

Does the participant require special care, medication or diet:

Details: _____

Date of last tetanus shot: _____ M _____ Y

Swimming Ability: _____ non-swimmer _____ swimmer (highest level)

Has it been necessary to restrict the applicant's activities for medical reasons?

_____ Yes _____ No

Details: _____

Permission to Participate:

I the undersigned, after having read, understood and completed the above, hereby give my permission for my child / ward to attend and participate in:

_____ hikes to the main beach _____ other activities off site

attend the following camp _____ attend the following dates _____

Experience has shown that while camping there are times when illness / accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Director, or designate, to make arrangements for qualified medical / surgical attention for my child / ward in the event of an emergency without necessity of my prior approval. I will be notified by the quickest means possible if this authority is exercised.

I the undersigned _____ give my permission, _____ do not give my permission, for the Camp Director or designate to administer over the counter or prescription medication in the event that it is necessary.

_____ gravol _____ Tylenol Prescription meds: _____

In Case of Emergency please notify:

Name: _____

Day Phone (s): _____

Evening Phone: _____

In the event you will be absent from your normal place of residence during the period when the camp is being held, please indicate an alternate contact that will be available.

Name: _____ Day Phone (s): _____

Evening Phone: _____ Email: _____

Signed: Parent or Guardian

_____ Date: _____

Print Name: _____

Email Address: _____

Pre-Order: T shirts \$15.00

T-Shirt ___ S ___ M ___ L ___ XL ___ XXL