



## 2008 CAMP JUBILEE CAMBERSHIP APPLICATION FORM

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

PARENT/GUARDIAN(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

CAMP SESSION: \_\_\_\_\_ (1<sup>ST</sup> CHOICE) \_\_\_\_\_ (2<sup>ND</sup> CHOICE)

HAS YOUR CHILD RECEIVED A JUBILEE CAMBERSHIP BEFORE, IF SO, WHEN? \_\_\_\_\_

WHY WOULD YOU LIKE YOUR CHILD TO ATTEND CAMP JUBILEE? \_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE YOUR FAMILY'S FINANCIAL SITUATION (ATTACH ADDITIONAL SHEET IF REQUIRED): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE TELL US WHAT AMOUNT YOUR FAMILY CAN CONTRIBUTE TO YOUR CHILD'S CAMP FEES AND WHY?

\_\_\_\_\_

### CAMP FEES

|  |                 |
|--|-----------------|
| ◆ DEPOSIT – (IF POSSIBLE)  | \$ _____        |
| <i>*Amount you are able to contribute towards your child's camp fees</i> |                 |
| ◆ AMOUNT REQUESTED FROM CAMBERSHIP FUND                                  | \$ _____        |
| <b>TOTAL FEES</b>  | <b>\$ _____</b> |

**PRIVACY DECLARATION** – The information on this form is collected under the authority of Section 26 (c) of the Freedom of Information and Protection of Privacy Act. The information provided will be used to evaluate eligibility for Campership Funds. If you have any questions about the collection and use of this information, please contact our office at 604-937-7388.

I CONFIRM THAT ALL INFORMATION STATED ON THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

CAMP JUBILEE  
204 – 2615A ST JOHNS ST  
PORT MOODY BC V3H 2B5

604-937-7388 PHONE  
604-937-7322 FAX  
INFO@CAMPJUBILEE.CA



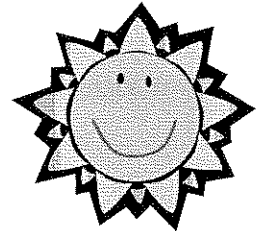
## 2008 CAMP JUBILEE CAMBERSHIP APPLICATION

Camp Jubilee is committed to ensuring that families are able to send their children to camp regardless of their current financial circumstances. This commitment is maintained through the **Camp Jubilee Campership Fund**. The fund provides camperships to families who are unable to afford to send their children to camp. The Campership Fund is made possible through the generous contributions of many groups including labour unions, non-profit organizations, businesses, government and individuals.

A limited amount of camperships are available. We strive to assist as many families as possible and therefore ask you to contribute, if possible, to your child's camp fees.

You may also be able to find community support to help with camp fees by:

- Contacting your local camping bureau
- Talking to your school
- Contacting a local service club or union



### SPECIAL INFORMATION

**INCOME ASSISTANCE RECIPIENTS** - must first apply to the Ministry of Human Resources for a camping subsidy.

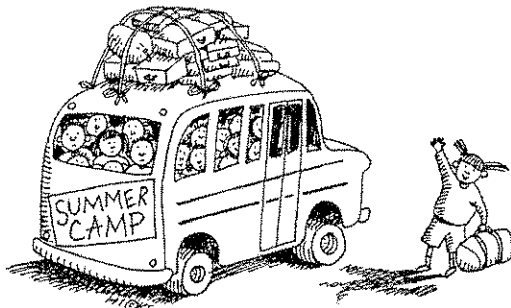
**SUPPORT FROM OTHER AGENCIES** – If other agencies such as a school, camping bureau or other organization, are contributing towards a portion of your child's camp fee, we require a letter or payment from the organization confirming their support.

### HOW TO APPLY

Please complete the Campership Application form and attach the following:

1. **Completed Summer Camp Registration form**
2. **Proof of Household Income** (i.e. – pay stub, T4 slip, government support payment stub, etc)
3. **Cheque(s) for your parent contribution of camp fees.**

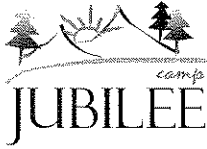
Once your application has been reviewed we will send you a letter outlining the amount of Campership that has been approved.



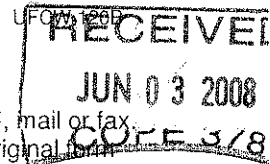
Applications are reviewed on a first come – first serve basis. **We will not review your application until all documentation is received.** We will notify you in writing regarding your request.

CAMP JUBILEE  
204 – 2615A ST JOHNS ST  
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604-937-7388 PHONE  
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## 2008 SUMMER CAMP REGISTRATION FORM



To register, please complete a registration form and send to Camp Jubilee via e-mail, mail or fax. Faxed and/or e-mailed registrations will only reserve your spot for 1 week until the original form with payment is received. Please complete a separate form for each child. Online registration and payment option also available. **Please visit our website [www.campjubilee.ca](http://www.campjubilee.ca).**

**PLEASE REGISTER MY CHILD FOR THE FOLLOWING CAMP(S)**

CAMPER NAME: \_\_\_\_\_

| <u>CAMP</u>            | <u>DATES</u>  | <u>DISCOVERY</u><br><small>(7-9 YRS)</small> | <u>ADVENTURE</u><br><small>(10-12 YRS)</small> | <u>TEEN</u><br><small>(13-16 YRS)</small> | <u>COST</u> |
|------------------------|---|--|--|---|-------------|
| SESSION #1 (MINI-CAMP) | FRIDAY JULY 11 – MONDAY JULY 14   | <input type="checkbox"/>                     | <input type="checkbox"/>                       | <input type="checkbox"/>                  | \$299.00    |
| SESSION #2 (7 DAYS)    | MONDAY JULY 14 – SUNDAY JULY 20   | FULL   | FULL   | FULL                                      | \$462.00    |
| SESSION #3 (7 DAYS)    | SUNDAY JULY 20 – SATURDAY JULY 26   | <input type="checkbox"/>                     | <input type="checkbox"/>                       | <input type="checkbox"/>                  | \$462.00    |
| SESSION #4 (7 DAYS)    | SATURDAY JULY 26 – FRIDAY AUGUST 1  | <input type="checkbox"/>                     | <input type="checkbox"/>                       | <input type="checkbox"/>                  | \$462.00    |
| SESSION #5 (6 DAYS)    | TUESDAY AUGUST 5 – SUNDAY AUGUST 10   | <input type="checkbox"/>                     | <input type="checkbox"/>                       | <input type="checkbox"/>                  | \$432.00    |
| SESSION #6 (6 DAYS)    | SUNDAY AUGUST 10 – FRIDAY AUGUST 15   | <input type="checkbox"/>                     | <input type="checkbox"/>                       | <input type="checkbox"/>                  | \$432.00    |
| WILDERNESS LEADERSHIP  | SUNDAY JULY 20 – FRIDAY AUGUST 1 (13 DAYS) *MUST BE 14-16YRS                                      |  |  | <input type="checkbox"/>                  | \$874.00    |
| WILDERNESS LEADERSHIP  | TUESDAY AUGUST 5 – FRIDAY AUGUST 15 (11 DAYS) *MUST BE 14-16YRS                                   |  |  | <input type="checkbox"/>                  | \$849.00    |
| COUNSELOR IN TRAINING  | FRIDAY JULY 11 – SATURDAY JULY 26 *Volunteer for Sess. 3 thru 6 – by invitation *MUST BE 16-18YRS |  |  | <input type="checkbox"/>                  | \$899.00    |

**CAMP STORE (optional)**

|                     | YOUTH<br>SMALL           | YOUTH<br>MEDIUM          | YOUTH<br>LARGE           | ADULT<br>MEDIUM          | ADULT<br>LARGE           | <u>COST</u> |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|
| T-SHIRT             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$15.00     |
| HOODIE              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$40.00     |
| CAMPER CARE PACKAGE |                          |                          |                          |                          | <input type="checkbox"/> | \$25.00     |
| CAMP DVD            |                          |                          |                          |                          | <input type="checkbox"/> | \$20.00     |

|   |      |                          |                          |                          |                          |                          |         |
|---|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| <b>T-SHIRT &amp; DVD COMBO</b><br>**Save \$10** | NEW! | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$25.00 |
|---|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|

**PAYMENT** (Please make cheques payable to "Camp Jubilee")

SUMMER CAMP FEES     \$ \_\_\_\_\_

CAMP STORE             \$ \_\_\_\_\_

**TOTAL COST**             \$ \_\_\_\_\_

\*All prices include 5% GST where applicable

Full payment upon registration \$ \_\_\_\_\_

or

Deposit amount         \$ \_\_\_\_\_ + Post Dated Cheques \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**\*A minimum of \$150.00 deposit is payable upon registration.** Balance of all camp fees may be paid by post-dated cheques which **must be received upon registration.** You may send up to 3 post-dated cheques. **The last post-dated cheque must be dated 2 weeks prior to the start of the camp session.**

\*\*If you are applying for a Campership, please attach your completed Campership Application and a minimum deposit of \$50.00.

Please send completed form and payment to:  
**Camp Jubilee**  
 204 – 2615A St. Johns Street Port Moody BC V3H 2B5

604-937-7388 phone  
604-937-7322 fax

info@campjubilee.ca  
www.campjubilee.ca

|  |   |
|--|---|
| <p><b>CAMPER &amp; PARENT AGREEMENT</b></p> <p><small>Both the parents and camper have discussed the upcoming camp experience. The camper understands and commits to fully participating in camp activities. The camper will follow safety directions and refrain from behaviour which is harmful to themselves or others. In addition, the parent understands and supports Camp Jubilee's policy that prohibits possession or use of tobacco, alcohol or non-prescription drugs and understands use of these substances or other abusive behaviour is cause for dismissal without refund of camp fees.</small></p> <p>Camper Signature: _____</p> <p>Parent/Guardian Signature: _____</p> | <p><b>AUTHORIZATION</b> (NOTE: A "Participant Informed Consent Form" must also be completed &amp; will be included in your Camp Confirmation Package) I/we grant permission for our child named above to take part in Camp Jubilee's Summer Camp and I/we agree to assume financial responsibility in case of injury or accident arising out of such event. In case of injury or illness, I/we authorize Camp Jubilee staff to administer treatment, and in such case, it is understood that Camp Jubilee is not responsible for medical costs. Photo Release: I/we give permission to use my child's photo in any Camp Jubilee newsletter or other related publication.</p> <p>Date: _____</p> <p>Parent/Guardian Signature: _____</p> |
|--|---|

**CAMPER INFORMATION (Please print legibly)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female  
 Date of Birth: \_\_\_\_\_ (year/month/day) Age at Camp: \_\_\_\_\_ Birthday at Camp:  Yes  No  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent/Guardian #1: \_\_\_\_\_ Day Tel: \_\_\_\_\_ Eve Tel: \_\_\_\_\_  
 Parent/Guardian #2: \_\_\_\_\_ Day Tel: \_\_\_\_\_ Eve Tel: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Day Tel: \_\_\_\_\_ Eve Tel: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_ Custody (mother/father/both/other): \_\_\_\_\_  
 Who is authorized to communicate/pick-up your child? \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 Personal Health Number (Care Card #): \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMPER EXPERIENCE & INTERESTS**

Cabin Request: If possible, my child would like to be in the same cabin as (must be the same age & gender):  
 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Has your child been to Camp Jubilee before?  No  Yes If so, when \_\_\_\_\_  
 Child's sleeping habits  Sleep walker  Nightmares  Bed wetter  No sleeping concerns  Other: \_\_\_\_\_  
 Does your child have any fears (i.e. dark, water, etc) \_\_\_\_\_ Swimming Level: \_\_\_\_\_  
 Is there anything your child is concerned with about going to camp? \_\_\_\_\_  
 What things would you like your camper to accomplish at camp? \_\_\_\_\_  
 What things would your child like to accomplish at camp? \_\_\_\_\_

**CONFIDENTIAL HEALTH INFORMATION**

Are all immunizations current? \_\_\_\_\_  
 Please list any medications being taken to camp and their specific directions for use:  

| Medication | Dose  | When administered |
|------------|-------|-------------------|
| _____      | _____ | _____             |
| _____      | _____ | _____             |
| _____      | _____ | _____             |
| _____      | _____ | _____             |

  
 My child is allergic to: \_\_\_\_\_ Severity of Allergy \_\_\_\_\_ Treatment \_\_\_\_\_  
 \_\_\_\_\_ Severity of Allergy \_\_\_\_\_ Treatment \_\_\_\_\_  
 \_\_\_\_\_ Severity of Allergy \_\_\_\_\_ Treatment \_\_\_\_\_  
 Is your child under any treatment//medication for any condition or injury?  No  Yes If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 Has your child been medicated for ADD/ADHD during the last 12 months? ?  No  Yes  
 Does your child have any behaviour/social challenges that require our attention or observation? ?  No  Yes If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 Does your child have any special dietary requirements? \_\_\_\_\_  
 Please provide us with any information about your child that you feel will assist us. \_\_\_\_\_  
 \_\_\_\_\_

Let us know how you heard about us (i.e. friend, school, newspaper, etc) \_\_\_\_\_

**PRIVACY STATEMENT:** Camp Jubilee Retreat and Conference Centre and Indian Arm Recreational Services Ltd. respects your privacy. We protect your personal information and adhere to all legislative requirements to protecting your privacy. We do not rent, sell or trade our mailing lists. We use your personal information to provide programs/services and to keep you informed and up-to-date on Camp Jubilee activities including programs, services, funding needs, volunteer opportunities or provide support through periodic communication. If at any time you wish to be removed from any of these types of contact or receive a full copy of our privacy statement, simply notify us by phone or in writing and we will gladly accommodate your request.