



Bear Lake Bible Camp



2026 Joy Camp Overnight Application Form

APPLICATION PROCESS: Send this application form to **Joy Camp, 10419 111 Ave., Grande Prairie, T8V 1T9**. Campers must apply ahead of time. The deadline is June 20. The camper fee can be paid by these options: Cheque; Money order/bank draft; Cash; and or e-transfer. Make cheques or money order out to Bear Lake Bible Camp. If you do not have cheques, send a money order from the Post Office or get a bank draft. If you prefer to pay by e-transfer (Enter a note, on the memo that it is for "Joy Camp Overnight Camp): use office@bearlakebiblecamp.org (If the fee is difficult for you, apply anyway and let us know. There are funds available.) There are 4 places to sign: 2 places on page two and 2 places on page six. Be sure these are completed.

Full name of camper: _____

Male ___ **Female** ___ **Birth date:** _____ **Address:** _____

_____ **Postal Code** _____

E-mail address, if you have one: _____

Alberta Health Care # _____ **Phone no.** _____

Parent/Caregiver E-mail: _____

Contact information in case of emergency (e.g. group home #, if not the same as above):

Name: _____ **Relationship to Camper** _____

Home phone _____ **Work phone** _____ **Cell phone** _____

Secondary Contact Person & Phone Number _____

___ **OVERNIGHT CAMP** runs from July 20-24, with registration starting at 1pm on Monday the 20th. Camp ends after lunch on the 24th.

Fee: \$300.00

Camper fee enclosed _____

INFORMATION ABOUT PERSONAL STAFF

Will you have personal staff helping you at camp? _____ How many? _____

If so, what hours? _____

Name(s) of staff: _____

Note: If you are using a wheelchair, you must bring a worker with you.

The camp is asking personal staff to pay a flat fee to help cover meal costs: (Please enclose staff fees with this application, if possible, as it will help in meal planning. If necessary, pay at camp.)

Staff fee: **Enclosed staff fees:**

\$48 per person	(State how many staff and/or meals)
for the whole camp	_____
or \$8 per meal	_____

Total Staff Fees: \$ _____

At the end of each camp we invite family members, guardians, or extra staff to eat the final meal with us. How many of your extra people will be eating the free lunch on July 24th with us? (Don't count the personal staff with you at camp.): _____

Please have your agency, staff, parent, or other caregiver sign the following: *In the event of illness or accident, deemed serious by the camp nursing staff or a doctor in town, I/we, (name or agency) _____, will be responsible to come and pick up the camper named on this form:*

Signed _____

Summary of Enclosed Fees:	Camper fee – Mandatory	\$ _____
	(copy amount from front page)	

Staff fees	\$ _____
(copy amount from above)	

\$20.00 Late Fee (after June 20th)	\$ _____
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Total fees enclosed	\$ _____
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or payment is e-transfer	\$ _____
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We take pictures for your personal camp album and for the camp's own promotional albums. For example we take a big group picture, snap-shots of various groups, and activity pictures. Do you give permission for taking your picture for camp purposes? (Please circle)

YES NO Signed: _____
Parent/Caregiver/Guardian's signature required

Again, send by regular mail (no faxes, please) these application sheets to Joy Camp,

10419 111 Ave., Grande Prairie, T8V 1T9. *If you have questions, phone the camp (780 567 2293) or Lorentzen's (780 402 8778).*

QUESTIONS TO BE ANSWERED

1. Are there any health or behavioural concerns we should be aware of that might affect your participation in the camp program or affect others at camp? If so, please explain.

Please notify us if you are exposed to a communicable disease during the three weeks prior to camp.

2. What is your health history? For this question and the others, check all that apply.

Disability diagnosis (This must be filled in, in case of emergency) _____

Seizures

Frequent colds

Hepatitis

Frequent upset stomach

Diabetes

Frequent constipation

Hypochondria (excessive concern about health)

Fainting spells

If you have seizures, what type are they, what are the symptoms, and what is the recommended course of action?

Other concerns/comments regarding health history:

3. Do you have needs regarding meal time? (Give comments where needed)

Independent

Some help required (Describe below)

Supervision needed regarding quantities

Straw needed for drinking

On a diet _____

Allergies or difficult foods _____

Comments: _____

For SPECIAL DIETARY NEEDS there are some things we cannot provide, e.g. blenders, special snacks or special food items. To discuss your needs, please contact Jonathan Lorentzen by phone before camp, at 780 402 8778.

4. Do you have any allergies to other substances, besides food; e.g. medicines, scents, etc.?

5. How is your communication and vision?

- | | |
|--|---|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Understanding spoken words |
| <input type="checkbox"/> Limited speaking vocabulary | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision problems |

Comments:

6. Do you have any physical disabilities?

- | | |
|---|--|
| <input type="checkbox"/> No limitations | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Walker/Cane | <input type="checkbox"/> Need help with transfer |
| <input type="checkbox"/> Leg braces | <input type="checkbox"/> Transfer with no assistance |
| <input type="checkbox"/> Other limitations (give details) _____ | |

Other comments: _____

7. Do you display any behaviours we should be aware of?

- | | |
|---|--|
| <input type="checkbox"/> No behaviours of concern | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Refusal to cooperate | <input type="checkbox"/> Verbal aggression |
| <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Other behaviours (_____) | |

Comments about behaviour (e.g. effective strategies so we can help you be successful):

8. Do you need help with grooming, dressing and personal care; for example: showering, dentures, hearing aid, brushing teeth, hair, toileting, feminine hygiene, skin care, etc.?

Independent

Some help required

Comments: _____

9. To help us get to know you a little bit, we'd like to find out: Do you enjoy being with other people? _____ Or do you usually prefer to be by yourself? _____

Tell us about some of your favourite games or hobbies or activities: _____

If you come to Overnight Camp and require a lot of personal care, we ask that you have personal staff come to help you. If you are not sure about your situation, check with us about it at 780 513 6593 or 780 402 8778

10. (For overnight campers) The cabins at camp do not have bathrooms in them. Campers will need to go to the main building, which houses the washrooms. To help us plan for staffing, we'd like to know: Do you usually need to get up in the night? _____ If so, how often? _____ Do you ever sleep walk? _____

11. Important Medication Directive for Overnight Campers:

If you are coming to Overnight Camp and are on any medications, please SEND ALONG WITH THIS FORM a Medication Administration Record (MAR), preferably from the pharmacy. Or if you are in a group home, please send a copy of the authorized agency MAR. We need to have an idea of your needs before you come.

When you come to camp, bring a copy of your MAR or the Medication Chart to make sure we have an up-to-date list of your medication needs.

IMPORTANT NOTES ABOUT MEDICATIONS

1. **OVERNIGHT CAMP:** All medications are distributed by nurses and need to be turned over to the nurses when you arrive at camp.
2. No dosettes or hand-packed medication boxes are allowed. Have your pharmacist put your medications in a **bubble pack** for camp. If you have only **one** medication you may bring it in its original bottle or package which has the dosage and instructions on it. If there is more than one kind of medication, give your pharmacist plenty of time to put what you need for camp in a bubble pack.
3. Sometimes campers request over-the-counter preparations such as Tylenol or Tums. We cannot give them such medications without consent of a parent, guardian or care-giver. If you wish the camp to administer these medications at their discretion, please sign the following:

I hereby grant Bear Lake Bible Camp the option of giving my camper, _____,
over-the-counter medication as needed. Signed _____

4. When you arrive at camp, we will take your picture, to be used by the nurses for identification purposes when they give out the meds. If you do not want your picture taken, you must bring a photo of yourself with you for the nurses to use.

Please sign or have your guardian sign below:

I certify that the information on this six-page form is complete and correct. I also agree to abide by the camp schedule and cooperate with camp staff.

_____ Date _____

If you don't receive a reply letter from the camp by three weeks after you have sent in the application, let us know.
