



## What is Youth Retreat?

It's a weekend packed with fun activities: Jug-a Lug, volley ball, foosball, worship, group games, table games, music, crafts and more.

Sign-up today! Bring your friends with you to Beaver Lake Camp for a fun and exciting weekend!

How to get to  
beaver lake camp.



Beaver Lake Camp is located north of Dryden. Turn off Highway 17 at Dryden GM onto Highway 601. Drive about 10 km to Hoey Road and turn right. Beaver Lake Camp is the fourth lane on the left. You will see our sign at the end of Hoey Road and again at the end of our lane.



**Beaver Lake**  
C A M P

# Youth Retreat



**Beaver Lake**  
C A M P

807.937.6748  
807.937.5099

SITE 306 BOX 5 RR3  
DRYDEN ON P8N 3G2

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Plan  
to Protect  
MEMBER

CCI/CANADA  
MEMBER 2018

Printed in Canada 0819alm

September 27 - 29, 2019  
for First Nations High  
school students age 14-19.

## FOR your information

Registration: 5:00–7:00 PM Friday.

Supper: 7:00 PM Friday.

Departure time is at 1:00 PM Sunday.

Due to limited space, pre-registration is advised. Please return your completed registration form to reserve your place.

If you need to cancel, please notify us at least 48 hours before the retreat to receive a full refund. Otherwise your registration fee is non-refundable.

## beaver lake camp RULES

1. Be present at all chapel sessions throughout the weekend.
2. No smoking in buildings.
3. No alcohol or drugs are allowed.
4. Stay on camp property.
5. Respect others in your use of personal music.
6. Respect personal and social boundaries.

**Guest Speaker**  
**Joel Jolly**



## REGISTRATION (PLEASE PRINT NEATLY)

☐ M ☐ F Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_  
City or Reserve \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone Number(\_\_\_\_\_) \_\_\_\_\_  
School Attending \_\_\_\_\_  
Parent/Boarding Supervisor \_\_\_\_\_  
Parent/Boarding Supervisor Phone Number  
(\_\_\_\_\_) \_\_\_\_\_  
Choice of Roommate \_\_\_\_\_

## MEDICAL INFORMATION

1. Do you have any allergies that the camp staff need to be aware of? ☐ Yes ☐ No  
If yes, give brief description of allergy \_\_\_\_\_  
\_\_\_\_\_  
2. Are you bringing any medication to camp?  
☐ Yes ☐ No If yes, list type of medication. \_\_\_\_\_  
\_\_\_\_\_  
3. Do you have any physical, mental, emotional, behavioural or disability we should know about (i.e. asthma, seizures, hyperactivity, etc.) \_\_\_\_\_  
\_\_\_\_\_  
4. Family Physician \_\_\_\_\_  
Phone Number(\_\_\_\_\_) \_\_\_\_\_  
5. Provincial Medical (Health Card) Number \_\_\_\_\_  
\_\_\_\_\_  
6. In case of emergency contact: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number(\_\_\_\_\_) \_\_\_\_\_

## Conditions of Registration

1. I understand the potential for injury and accidents while at Beaver Lake Camp. I understand that retreaters take part in active sports, games, and boating. I hereby release Northern Youth Programs (NYP), Beaver Lake Camp (BLC), and their administrators and staff from all liability for injury of accidents incurred while attending Beaver Lake Camp.
2. In the event that an individual requires special medication, X-ray, or treatment beyond that which is possible at BLC, the parent or guardian will be notified immediately and will be responsible for any additional expense for additional care and transportation.
3. In the case of surgical emergency, I hereby give permission to the physician selected by the BLC Administrator to hospitalize, secure proper treatment for, and order injection, anaesthesia or surgery for myself as named on this application.
4. The Camp Administrator reserves the right to dismiss an individual who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of BLC.
5. I give permission for BLC to use any photograph or video of myself for promotional materials.
6. I agree to reimburse BLC for any property damage I may cause.
7. I understand that chapel services are part of the program at BLC. I agree to participate in them and refrain from using my MP3/ iPod/ect. during chapel services.
8. My signature grants consent for BLC to collect, file and use my personal information for purposes and uses related to BLC services. (Access to our Privacy Policy Act is available upon request.)

I have read and understand the above conditions. I agree to abide by these conditions and rules of BLC as outlined in the attached brochure.

Applications cannot be accepted without a signature.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Tuition = \$100.00**

Payment will be made by name/organization