



what is Youth Retreat?

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

Sign-up today and bring your friends with you to Beaver Lake Camp to join us for this 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



April 12 - 14, 2019



BEAVER LAKE
C A M P

A ministry of Northern Youth Programs, Inc.

☎ 807.937.6748

☎ 807.937.5099

📍 SITE 306 BOX 5 RR3

DRYDEN ON P8N 3G2



Printed in Canada 0319alm

🌐 WWW.BEAVERLAKECAMP.ORG

✉ BLC@BEAVERLAKECAMP.ORG

For First Nations High
school students age 14-19.

FOR YOUR INFORMATION

Registration: 5:00–7:00 PM on 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 a spot.**

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 POLICIES

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.



REGISTRATION (PLEASE PRINT NEATLY)

☐ M ☐ F Name_____

Date of Birth day/month/year 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, or 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), 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