

Programs for Children

SUMMER PROGRAMS FOR YOUR CHILDREN

DAY CAMPS, SPORTS
CAMPS, AND VBS FOR
YOUR CHILDREN
THROUGHOUT THE
SUMMER



5005 53 Ave
Olds, AB T4H 1H6
Phone: 403-556-3219
Fax: 403-556-2840

E-mail:
summer@firstbaptistolds.ca
www.firstbaptistolds.ca/
summer2010

VBS "High Seas Expedition" Age 4-Completed Grade 6

July 26-30

Time: 9:00- 11:45

**Cost: \$10.00/child
or \$20.00/ family**

Give children a new enthusiasm for God's Word—and for Jesus! As we engage kids with fun activities, you'll see amazing things happen. The delighted smiles...the memorable Bible points...they all add up to making a life-long difference in the lives of children!

"Safari" Day Camp

Completed Grades K-2

Dates: August 2-6

Time: 8:30-3:00

Cost: \$65/Week Spaces are limited, register early
\$16/Day – if space is available
Register before June 25 and receive \$5.00 off each camp

All Sports Day Camp

Completed Grades 3-6

Dates: August 9-13

Time: 8:30-3:00

Cost: \$65/Week Spaces are limited, register early
\$16/Day – if space is available
Register before June 25 and receive \$5.00 off each camp

"Oceans" Day Camp

Completed Grades 3-6

Dates: August 16-20

Time: 8:30-3:00

Cost: \$65/Week Spaces are limited, register early
\$16/Day – if space is available
Register before June 25 and receive \$5.00 off each camp

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Summer Programs

Summer Day Camps

This summer you can register your child for various camps throughout the summer.

“Bugs” Day Camp Completed Grades K-2

Dates: July 5-9

Time: 8:30-3:00

Cost: \$65/Week Spaces are limited, register early

Register before June 25 and receive \$5.00 off each camp

\$15/Day – if space is available

SU Soccer Sports Camp Ages 6-14



Date: July 12-16

Time: 8:30-3:00

Cost: \$100.00/ Week

Register before June 25 and receive \$5.00 off each camp

Spaces are limited– Register early

Head Coach: Martin Ward MSA/CSA Provincial B

- Raised in England. Moved to Canada in 1984.
- Played at a regional level with North West Sussex schoolboys and for Horsham Town FC U18
- 14 years Community experience: Coach U10 through U17 recreational boys and girls
- Head coach Providence College Freeman men’s soccer team.
5 Manitoba Colleges championships.
5 NCCAA Div II North Central Region Championships.
Runner-up at NCCAA Div II National Championship 2008
4 NCCAA Regional Coach of the Year awards.

Each Camper will receive:

- Soccer Ball
- Water Bottle
- T-Shirt
- Prizes & Awards
- Excellent Coaching
- Drills & Practice Information



Sports are one of the most powerful influences in our society and we are seeking to facilitate children and youth of all ages to experience excellence in sports and life.

“Space” Day Camp Completed Grades 3-6

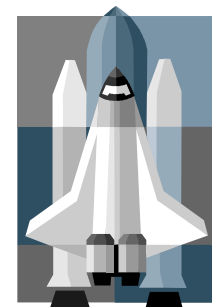
Dates: July 19-23

Time: 8:30-3:00

Cost: \$65/Week Spaces are limited, register early

Register before June 25 and receive \$5.00 off each camp

\$16/Day – if space is available



Medical Information

All information gathered will be protected under the privacy provision of the Freedom of Information and Protection of Privacy Act (FOIPP)

Alberta Health Care #: _____

Doctor: _____ Phone: _____

Does your child have any severe allergies? (Bee stings, food, penicillin, other drugs.) Yes ___ No ___

Please explain: _____

Does your child have any life-threatening allergies? Yes ___ No ___

Please explain: _____

Is your child bringing any medications with him/her? (Antibiotics, inhaler, Ritalin, etc) Yes ___ No ___

Medication: _____

Self Administered? Yes ___ No ___

Instructions on use: _____

Please be aware that **First Baptist Church, Olds** and its workers will administer your child's medications as per your instructions only. If medication needs are above the level of expertise available, other arrangements will need to be made by you for the administration of the medication.

_____(Please Initial)

Permission Form

I hereby authorize the staff of **First Baptist Church, Olds** to seek medical attention for my child, should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery, if the attending physician deems necessary.

_____(Please Initial)

Your child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of sickness, **First Baptist Church, Olds**, its staff, and its volunteers are hereby released from any liability.

Do you give permission for your child to be included in pictures taken during any of First Baptist Church, Olds Summer Camps at First Baptist Church, Olds, AB? (Pictures of this event may be taken for purposes of publicity and wrap up festivities)

Yes ___ No ___

I give permission for my child to take part in the registered First Baptist Church, Olds Summer Camp Program

Parent/Guardian Signature: _____

Date: _____

CAMPER GENERAL REGISTRATION FORM

Child's Name _____

Birthdate ____/____/____ Gender: Male / Female
mm / dd / yyyy

Shirt Size YS, YM, YL , AS AM AL AXL (circle one)

Age _____ Grade completed _____

Address: _____

City: _____ Postal Code: _____

Home #: _____

Mother's Name: _____

Work #: _____ Cell #: _____

Father's Name: _____

Work #: _____ Cell #: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Home #: _____

Cell #: _____

Other #: _____

SUMMER CAMP REGISTRATION

July 5-9 "Bugs!" Day Camp *\$65.00 _____
(Completed Grades K-2)

Requests: _____

July 12-16 SU Soccer Sportz Camp *\$100.00 _____
(Ages 6-14)

Requests: _____

July 19-23 "Space" Day Camp *\$65.00 _____
(Completed Grades 3-6)

Requests: _____

July 26- 30 VBS "High Seas Expedition" \$10.00 _____
(Ages 4-12)

Requests: _____

August 2-6 "Safari" Day Camp *\$65.00 _____
(Completed Grades K-2)

Requests: _____

August 9-13 All Sports Day Camp *\$65.00 _____
(Completed Grades 3-6)

Requests: _____

August 16-20 "Oceans" Day Camp *\$65.00 _____
(Completed Grades 3-6)

Requests: _____

Total _____

***Register before June 25 and receive \$5.00 off each camp**

**Please make Cheque payable to "First Baptist Church"

Office Use:
Amount: _____ Date: _____ Cheque: _____ Ltr: _____