

Please Bring to Camp:

Bible	sleeping bag	jackets	water bottle	towels
Notebook	pillow	sweater	bug spray	swimsuit
Pens/pencils	personal items	jeans	sunscreen	sun-hat
Laundry bag	socks	shirts	rain gear	10 clothespins
Toothbrush	shorts	aqua shoes	flashlight	sunglasses
Toothpaste/floss	campfire blanket	chapstick	safety pins	other personal attire
Shoes preferably runners	one personal icon, if you have			

A limited amount of life jackets are available. If you have your own, please bring it along.
All personal items should be labeled.

Please Leave at Home:

Junk food, electronic games, knives, jewelry, radios, alarm clocks, money, clothing with unsuitable graphics/messages, electronic and cellular devices (including **IPHONES**) and Smart Watches. (Staff members **DO** carry cell phones. The Directors' phones will be available if you need to communicate with a parent/guardian).

The camp will not be responsible for the loss or theft of any items.

Parents, Guardians and Older teens (16+)

We need your help!!! The overall success of the camp largely depends upon you. If we do not get enough help, the camp may be cancelled. Please consider the importance of your involvement. The areas of help include:

Counseling – you would be interested in working with children as role models, friends and supervisors.

Cook' s Help – you would assist the cook in food preparation, clean-up and serving food.

Chore Coordinator – you would organize campers for kitchen clean-up and serving food.

Coordinator – you would plan, direct and coordinate sports, crafts, camp, and group activities.

Only one morning, afternoon or evening of your time would be immensely appreciated. Please indicate on the registration form if you are able to help and the area most appealing to you. Consider your work at this camp as a ministry.

Thank you for your help and cooperation. If you have any questions please call:

Father Igor Kisil @ (780) 983-7159 or Father Evgeniy Protsenko @ (780) 818-7343

Miscellaneous

- Donations will be gratefully accepted, and receipts will be provided.
- Please note that camp staff will be required to submit a police criminal record check before being allowed to participate at camp.
- Parents, families and friends are invited to attend the Sunday Church Service (Holy Divine Liturgy) at 9:00 a.m. on Sunday, August 2nd. Lunch will follow the service.

Registration Form

St. Tikhon's Orthodox Summer Camp 2026

Date: Sunday, July 26th - Sunday, August 2nd, 2026

Location: Camp Bar-V-Nok on Pigeon Lake, Alberta

Cost: \$325 per member & \$350 per non - member **Ages:** 7 & 16

Cleaning Deposit: \$100 per family*

Name of Camper: _____ **M/F:** _____

Address: _____

Birth Date: _____ **Age:** _____

Parent/Guardian: _____

Phone: (home) _____ (work) _____ **e-mail** _____

Emergency Contact: _____ **Phone:** _____

Baptized/Chrismated Orthodox: Yes _____ No _____ **Home Parish** _____

T-shirt Size:(circle one) *Youth:* 6/8 10/12 14/16 *Adult:* S M L XL

Camper Signature: I hereby agree to abide by the rules and expectations of the camp: _____

Parent Signature: I hereby agree to come pick up my child if he/she is unable to abide by camp expectations and after due warning, does not change his/her behaviour. My child _____ has my permission to participate in any field trips while at camp. I give my permission for my child's photograph/video to be taken and used for the purposes of camp promotion. **Yes / No** (please circle one). I have also read the information sheet and agree with it. _____

Please make cheques payable to: **Russian Orthodox Bible Camp**

Camp fee \$325/\$350 payment received by : _____ Date: _____

Submission Deadline is July 10th, 2026

Please return completed form to : Orthodox Bible Camp, 10105 - 96 Street NW, Edmonton, AB, T5H 2G3

E-mailed registration form submission also accepted.

When you can help at camp: Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Please tell us how can you help: _____

**** NOTE: The parents are responsible to help with the Sunday afternoon clean-up, otherwise the cleaning deposit will not be returned!**

HEALTH HISTORY

Camper's Name: _____ Health Care No. _____

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Please be as Complete and Specific as Possible with Regard to the Following:

Any non-medicinal allergies? _____

Any medicinal allergies? _____

Any food restrictions? _____

Respiratory/asthmatic problems? _____

Does your child use an inhaler? _____ Does your child keep the inhaler? _____

Is your child presently taking any medications or bringing any medications to camp? If so, please indicate: name of medicine; dosage time; administered regularly or as needed

Camper's are not permitted to keep medication of any type in their possession. All medications will be turned over to Camp Personnel at the time of camp arrival and will be dispensed by Camp Personnel (only inhalers are exempt).

Daily medication and other requirements for individual campers must be brought to Camp Personnel with specific instructions at that time (also if not already noted above). The following non-prescription medication may be administered if deemed advisable by Camp Personnel:

Tylenol, Benadryl, Pepto-Bismol, throat Lozenges, Robitussin, Calamine Lotion, and other over-the counter preparations for minor conditions, etc. If you have any objections, please note them.

Please feel free to discuss any circumstances or behaviour you think Camp Personnel should be aware of (e.g. bedwetting, wears contact lens, recent death or divorce in the family, sleeping/eating disorders, etc.). Please provide any other medical information, which Camp Staff or attending physician may want to know.

I/We the parent(s) or legal guardian(s) hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment given under the general or special supervision of any licensed personnel on the staff of a licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to give care that is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact the undersigned prior to giving treatment, but that any treatment will not be withheld if the undersigned cannot be reached. Orthodox Summer Camp Personnel and volunteers shall not be liable for any personal injury that may occur while the camper is at Orthodox Summer Camp nor for any personal injury during the transportation to or from camp.

I/We have read and understand the above information:

Parent/Guardian Signature * _____

Date _____

Must be signed

Volunteer Counselor Application
St. Tikhon's Orthodox Summer Camp 2026
Date: Sunday, July 26th - Sunday, August 2nd, 2026
Location: Camp Bar-V-Nok on Pigeon Lake, Alberta

Name _____ M/F _____

Birth Date: _____ Age: _____

Address: _____

Phone: (home) _____

Emergency Contact: _____ Phone: _____

Baptized/Chrismated Orthodox: Yes _____ No _____ Home Parish _____

T-shirt Size: (circle one) S M L XL XXL

Please indicate any of the following areas where you have some ability, experience and interest in leadership opportunities:

Counseling _____ Canoeing _____ Swimming _____ LifeGuarding _____ Crafts _____ Sports _____

Concert _____ Singing _____ Cook's help _____ Campfire _____ Other _____

Please explain why you want to volunteer at camp this summer.

MEDICAL INFORMATION

Name: _____ Health Care No. _____

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Please be as Complete and Specific as Possible with Regard to the Following:

Any non-medicinal allergies? _____

Any medicinal allergies? _____

Any food restrictions? _____

Respiratory/asthmatic problems? _____

Do you use an inhaler? _____

Are you presently taking any medications or bringing any medications to camp? If so, please indicate name of medicine. _____

Signature: _____

Date: _____