


**Bee Kind,
Bee Creative,
Bee Loving**  

BEES FOR PEACE SUMMER CAMP

**Kids and youth
ages 5-12 are
welcome to join
our 5-day
summer camp!**



**we will learn
about native bees
and gardens and
how they relate to
your faith!** 

**gain knowledge
about the hidden
community that we
live with: the
pollinators!**

**fun games
&
activities**

**Strengthen your
connection to
community,
spirituality and
nature!**



This program is offered jointly between
Shining Waters Regional Council and
Bees for Peace.



**SHINING WATERS
REGIONAL COUNCIL**
The United Church of Canada



BEES FOR PEACE SUMMER CAMP



Kids and youth (Ages 5 - 12) are welcome to join our 5-day summer camp where we will be learning about native bees, honey bees and native plant gardens and how they relate to your faith! In this camp, we will have lots of fun games and activities to help enhance the learning experience. This 5-day camp will help build community among the youth of the church and strengthen their connection to the Bible and nature. By the end of the camp, kids and youth will get a wonderful experience and gain knowledge about the hidden community that we live with: pollinators.

REGISTRATION FORM

Participant: _____

Birth Date: _____ Grade: _____

Gender: _____ Pronouns: _____ Age: _____

Name of Guardian(s): _____

Home Phone Number: _____

Work/Cell: _____

Email: _____

Email: _____

Full address: _____

Contact person in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____

Home Phone: _____ Work Cell: _____

Does the participant carry any medication? If so, please specify names, doses, conditions which they treat, and possible side effects.

Other helpful information or requested accommodations that the leadership team should be aware of?

Participant's Health card number (optional): _____

Guardian Consent:

I, _____, hereby give consent for my child _____ to participate in Camp Awesome and confirm that their health is suitable for all activities. I understand that while this is a supervised program and every effort will be made to maintain safety, Shining Waters Region of the United Church of Canada and its affiliated organizations and individuals will not be held responsible in any way for injury to my child or their property sustained as a result of his/her/their participation in this program.



BEES FOR PEACE SUMMER CAMP



Medical and Image Release (Registration form, pt. 2)

I understand that, in the event medical treatment is required for my child, every effort will be made to contact me. However, if I cannot be reached, I give permission for the leaders to secure and consent to any emergency medical treatment or care, for my child, which is rendered under the supervision of a physician or surgeon licensed in the Province of Ontario, whether rendered in the office of the physician or in a hospital.

As part of the Buzzin' Bees activities, photographs and videos may be taken. These photographs and videos may be used on the United Church & Bees for Peace websites, or in United Church & Bees for Peace publications, promotional materials, United Church & Bees for Peace Facebook pages belonging to the United Church/Bees for Peace or its affiliates or other visual (e.g. PowerPoint) presentations. I understand that names will not be used without express permission.

___YES, I give permission for my child/youth,
_____, to be in these photographs and videos,
etc. and used for United Church/Bees for Peace purposes as described
above.

___NO, I do not give permission for my child,
_____, to be in these photographs and videos.

Guardian Name _____

Parent/Guardian Signature _____

Dated at: (city) _____, ON, on _____

Please submit your registration form
to Jeffrey dale at jdale@united-church.ca



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