

# BELLEROSE SUMMER SCHOOL REGISTRATION FORM

## Bellerose Composite High School

Student's Legal Last Name:	Student's Legal Given Name(s):	Alberta Student Number (ASN):
Student Also Known as (if different than above) Last Name:	Student Also Known as (if different than above) First Name:	Date of Birth: (MM/DD/YYYY)
Street Address:	City:	Province: Postal Code:
Student Cell Phone Number:	Mailing Address (if different than street address):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Previous School: _____	Grade in September? 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	

### LEGAL GUARDIAN INFORMATION

#1. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)	#2. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>
Last Name: _____ First Name: _____	Last Name: _____ First Name: _____
Street Address (Note "same" if not different from student's):	Street Address (Note "same" if not different from student's):
City: _____ Postal Code: _____	City: _____ Postal Code: _____
Home Phone Number: _____ Business Phone Number: _____	Home Phone Number: _____ Business Phone Number: _____
Cell Phone Number: _____ Other: _____	Cell Phone Number: _____ Other: _____
Email: _____	Email: _____

### EMERGENCY CONTACTS

It is essential that you provide the names and phone numbers of individuals who have given their permission to be contacted in the case of emergency (other than parents/guardians listed above).

Name:	Relationship to Student:	Phone Number:
Name:	Relationship to Student:	Phone Number:

### MEDICAL INFORMATION

Does your child have any medical conditions or allergies the school should know about or that may affect his/her attendance at school?

\_\_\_ Yes \_\_\_ No      If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

### ABORIGINAL LEARNER DATA COLLECTION

If you wish to declare the student is Aboriginal, please select one:

\_\_\_ First Nations/ Status \_\_\_ Metis \_\_\_ First Nations/ Non-status \_\_\_ Inuit

For further information, please refer to <https://education.alberta.ca/system-supports/results-reporting/> or contact Alberta Education at 780-427-8501

If you have questions regarding the collection of student information by the school board, please contact the St. Albert Public School Board Superintendent Mr Barry Wowk at 780-460-3712

### Section 23 ELIGIBILITY

Citizens of Canada of whom any child has received or is receiving primary or secondary instruction in French in Canada have the right to have all their children receive primary and secondary education in the same language. **According to this criteria, are you eligible to have your child educated in French?** Yes  No   
**If yes, do you wish to exercise your right to have your child educated in French?** Yes  No

### PLEASE ATTACH THE FOLLOWING DOCUMENTS

- Birth Certificate or valid Passport

Parent Signature: \_\_\_\_\_  
 (Or student if over 18)

Date: \_\_\_\_\_

PRINT NAME OF STUDENT: \_\_\_\_\_

COURSE: \_\_\_\_\_

This form must be returned on the first day of Summer School.

## Notification of Use of Personal Information and Copyright Permission Freedom of Information and Protection of Privacy Act (FOIP)

The full Notification of Use document can be found on our website at <http://bchs.spschools.org>

\_\_\_\_\_ I give permission to the school to allow my son/daughter to participate in promoting student achievements and activities in public venues, to allow his/her work to be showcased both in the school and in the community, and to be interviewed, photographed and/or videotaped for school related activities. It is my understanding that this promotion can be done by the school, the Board or other outside agencies (e.g. Television stations, local newspapers, etc.) for non-profit educational purposes.

\_\_\_\_\_ I have read the Registration Form and understand how the information may be used. I affirm that the information provided on the Registration Form is complete and correct.

\_\_\_\_\_ No, I would like to decline consent.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Student Acceptable Use Agreement (Computer And Network)

The full Student Acceptable Use of Technology Guidelines and Agreement documents can be found on our website at <http://bchs.spschools.org>

### Student Section

I have read the Student Acceptable Use Guidelines for my grade level, located on the Bellerose Composite High School website. I agree to follow the rules contained in these guidelines. I understand that if I violate the rules, my computer account can be terminated and I may face other disciplinary measures.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian Section

I have read the Student Acceptable Use Guidelines and have discussed them with my child. I understand that computer access is for educational purposes. I will instruct my child regarding acceptable use including, that which is set forth in the Acceptable Use Guidelines. I will emphasize to my child the importance of following the rules for personal safety. I hereby release St. Albert Public Schools and its personnel from any and all claims and damages arising from my child's use of, or inability to use, the St. Albert Public Schools computer system. I give permission to issue an Internet access account for my child and certify that the information contained in this form is correct.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_



# HIGH SCHOOL SUMMER INTENSIVE PROGRAM

SUMMER INTENSIVE 2017 Session 2 SUMMARY SHEET

## PROGRAM FOR BELLEROSE COMPOSITE HIGH SCHOOL JULY 15 – JULY 21, 2017

**Sponsoring Agency:** HeLa Ventures

**Location:** HeLa Ventures Field School, located 24 km. West of Rocky Mountain House

**Dates:** July 15 – July 21, 2017

Arrival: Day I at 11:00 AM at Twin Lakes Provincial Park

Departure: Day VII at 11:30 AM from HeLa Ventures

**Transportation:** Transportation is required to shuttle the students to and from the activity sites.

**HeLa Staff:** Brett Pawlyk, Travis Hollands, Kiera Madsen  
Support Staff (trained guides)

**Emergency Contact Information:** Camp Phone: (403) 845-4325; Lana's Cell (780) 932-4820; Camp Cell (780) 862-3497

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**GOAL:** The goal of the seven-day workshop is to provide students with the opportunity to experientially meet curriculum objectives for CALM, Physical Education, and CTS module options utilising outdoor pursuits activities as the medium for the experience.

### **SPECIFIC OBJECTIVES:**

Over the course of seven days the students will have the opportunity to:

1. Apply concepts learned through the CALM and Physical Education curriculum, utilising outdoor pursuits activities as the medium;
2. Experience a variety of outdoor pursuits activities in a safe and supportive environment;
3. Experience leadership from both a leader and group member perspective;

4. Experience group development and team building concepts;
5. Develop an understanding of care and protection of the environment;
6. Develop proficiency in a variety of outdoor skills including flat and whitewater canoeing, hiking and wilderness living;
7. Develop an interdependent relationship between themselves and other individuals and between themselves and the environment.

### **Brief Overview of Activities:**

Day I:	Lake Canoeing
Day II:	River Tripping Experience –North Saskatchewan River
Day III:	Full Day Hike: Tuff Puff or Allstones (or other of your choice) - Clear cut and forestry discussion
Day IV:	Hiking/ Top Roped Climbing
Day V:	Mountain Biking/Wilderness Living Skills
Day VI:	Debrief / Team Building Activities / Beach Day
Day VII:	Awards and Departure

PLEASE NOTE: The times indicated on the schedule are tentative. During the program, we will be on a flexible schedule in order to meet the needs of the group. For safety reasons, we reserve the right to alter the schedule and activities should the weather or river conditions present any threat to a safe, enjoyable trip for the students.

### **DAY I: Lake Canoeing**

11:00 AM	Meet at Twin Lakes <ul style="list-style-type: none"> <li>• Introductions and Orientation</li> <li>• Snack</li> </ul>
12:00 PM	Introduction to lake skills and building to river skills Water games
2:00 PM	Lunch
3:00 PM	Continuation of river skills Water games
6:00 PM	Shuttle to camp
Evening	<ul style="list-style-type: none"> <li>• Supper and clean up</li> <li>• River Safety Theory Session</li> <li>• Evening CALM activities</li> </ul>
11:00 PM	Dessert and lights out

## **Day II: River Tripping Experience**

- 8:30 AM Breakfast and clean up
- Pack lunches for river trip
- 9:30 AM Depart for the Horburg Access
- Load canoes
  - Review River Safety
  - Paddle from Horburg to the Brierley's, which is approximately 6 hours and includes a number of sets of fun rapids. For those a little more conservative, each of the rapids may be skirted.
- 5:00 PM Arrival at Brierley's  
Load Canoes and shuttle to camp
- 7:00 PM Supper and clean up
- 8:00 PM Introduction to Forestry 1010, including a discussion of current topics and issues that students will think about, observe and record their thoughts on in their journals following the hike.
- 9:30 PM Experience our wonderful sauna!
- 11:00 PM Dessert and lights out

## **DAY III: Top Roped Climbing and Hiking**

- 8:00 AM Breakfast, clean up and load bus
- 10:00 AM Depart for Cavalcade Group Camp  
Upon arrival at Cavalcade, divide group into two.

### **Group 1: Climb then hike**

### **Group 2: Hike then climb**

- 11:30 AM Introduction to Top-Roped Climbing

OR

Students will experience a spectacular interpretative hike to Two O'clock Creek Falls. The hike will be led by our staff, and is geared towards providing students with the opportunity to a) learn about the history of the Kootenay Plains area; b) discuss environmental issues and concerns surrounding the area, c) gain interesting tips regarding the natural flora and fauna of the area; and, d) enjoy the peace and beauty of a remote location in the Canadian Wilderness.

- 2:00 PM Lunch
- 3:00 PM Introduction to Top-Roped Climbing or Hiking
- 6:00 PM Rendezvous and Snack
- 6:30 PM Shuttle to camp.
- 8:30 PM Supper and clean up
- 9:30 PM Debrief of the day and CALM activities
- 11:00 PM Dessert and lights out

#### **DAY IV: Day Hike**

- 8:00 AM Breakfast and clean up
- 9:30 AM Meet for introduction to the day and assignments for observations and presentations
- 10:30 AM Depart for the day hike. The hike we choose will be dependent on weather conditions and fitness level of the students. All of the hikes are spectacular, providing the opportunity to summit a ridge and view the North Saskatchewan River Valley and many clear-cut areas on a wide scale.
- 5:00 PM Snack
- 5:30 PM Shuttle to camp with a stop for a short hike into a clear-cut and continuation of our forestry discussion
- 7:00 PM Supper and clean up  
Debrief and CALM activities, campfire if desired
- 11:00 PM Dessert and lights out

#### **DAY V: Mountain Biking/ Wilderness Living Skills**

- 8:30 AM Breakfast and clean up

##### **Group I: Bike then Wilderness Living Skills**

##### **Group II: Wilderness Living Skills then Bike**

- 10:00 AM Mountain Biking experience

OR

Wilderness Living Skills including priorities of outdoor living, fire-lighting skills and shelter building

- 2:00 PM Lunch
- 3:00 PM Wilderness Living Skills OR Mountain Biking
- 7:00 PM Supper and clean up
- 8:00 PM Debrief of the day and CALM activities  
Evening Activities
- 11:00 PM Dessert and lights out

#### **DAY VI: Debrief/ Beach Day**

- 8:30 AM Breakfast, clean up and free time for journaling and assignments
- 11:00 AM Beach time!
- 7:00 PM Dinner and clean up
- 8:00 PM Evening social

#### **DAY VII: Departure**

- 9:00 AM Breakfast and clean up
- 10:00 AM Full camp clean-up
- 11:30 AM Good byes and departure

# HeLa Ventures Adventure Education Centre

## MEDICAL FORM

This form is to be filled out by the participant guardian if under 18, or adult participant, and returned to your teacher or program coordinator.

Name of Program/School \_\_\_\_\_ Date of Program \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address (parent): \_\_\_\_\_

**Provincial Health Care Number** \_\_\_\_\_ and/or Blue Cross \_\_\_\_\_

And/or Insurance Co. Name and Number \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**In an emergency, notify:**

1. Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### HEALTH HISTORY

Have you recently been in contact with a communicable disease? \_\_\_\_\_

If yes, which disease \_\_\_\_\_ and when? \_\_\_\_\_

Please identify knowledge of past/present medical conditions of:

Epilepsy \_\_\_\_\_ Convulsions \_\_\_\_\_ Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_ Skin Disorders \_\_\_\_\_ Heart Conditions \_\_\_\_\_

Sleep Walking \_\_\_\_\_ Chronic Headaches \_\_\_\_\_ Ear Infections \_\_\_\_\_

Anxiety: \_\_\_\_\_ Depression: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Allergies** (e.g., specific drugs, certain foods, insect stings, hay fever, animals)

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction to above? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Carries Epi Pen?      Yes    No



**Medical/Physical Conditions** that may affect participation in the program/activity (e.g., recent illness or injury, chronic conditions, emotional/behavioural state, phobias, etc.) Specify the condition(s) and requirements for program modifications or specific activities your child should not participate in: \_\_\_\_\_

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**Medication(s)** taken (both prescribed and over the counter). Include name, reason, dosage, storage, potential side effects/treatment of such):

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**Medications must be clearly labelled and in original containers with instructions as to the dosages and the time drugs must be administered. Please supply only enough for the days of the program.**

Does your child administer the medications him/herself? Yes \_\_\_\_\_ No \_\_\_\_\_

**Dietary Considerations:** Is your child on a special diet? No \_\_\_\_\_

Yes (please Specify): Please note a \$5.00/day surcharge applies for special diets (gluten free, lactose intolerant, vegan)

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Other medical or dietary concerns: \_\_\_\_\_

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**AUTHORIZATION:** This health form is correct so far as I know, and the applicant herein described will participate in all camp activities, except as noted by me. In an Emergency, I hereby give permission to the physician selected by HeLa Ventures to hospitalize, secure proper treatment, and to order injections, anaesthesia or surgery for the applicant named. I agree to pay for charges not covered by my medical plan, including medications, ambulance ride, or any other required treatments.

Form completed by \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN FORMS TO YOUR TEACHER or PROGRAM COORDINATOR**

**PLEASE NOTE:** If there are medical or dietary concerns we should be aware of in advance, please call our head office and fax or scan your forms to:

Head Office: Phone (780)468-1492; Fax: (780)440-2295; Email: helaventures@gmail.com

**HELA VENTURES LTD.**  
**ADVENTURE CAMPS AND FIELD SCHOOL**  
**ASSUMPTION OF RISK AGREEMENT**

PLEASE PRINT THIS SECTION

NAME OF PARTICIPANT: \_\_\_\_\_

ADDRESS OF PARTICIPANT: \_\_\_\_\_

TELEPHONE NUMBER: (     ) \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN NAME (if under 18): \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE #: (     ) \_\_\_\_\_

**DISCLAIMER**

HeLa Ventures Ltd., and their directors, agents, officials, officers, employees, volunteers, contractors, servants or representatives are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in any HeLa Ventures Adventure Camps and/or in a HeLa Ventures Field School program.

Initials \_\_\_\_\_

**DESCRIPTION OF RISKS**

In consideration of allowing me/my child to take part in a HeLa Ventures Outdoor Adventure Camp and/or in a HeLa Ventures Field School Program, I hereby acknowledge that I am aware of the risks associated with or related to outdoor and adventure based activities (including the **risk of severe or fatal injury** to myself or others). These risks include, but are not limited to:

- all manner of muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, and head, facial or dental injuries which might result from an accident while cycling and/or backcountry bike touring, hiking, swimming or canoeing, including the risk of drowning;
- injuries resulting from travel by motor vehicle to and from the Adventure Camps and/or Field School Programs may be coordinated;
- extreme changes in weather or temperatures which may result in heat-stroke, sunstroke, or hypothermia;
- any manner of injury or illness from insects, curious or aggressive wildlife, including but not limited to bears, wolves, and other carnivores, snakes, ticks, other insects, parasites and other domestic and wild animals;
- minor scrapes, sprains, bruises and campfire burns resulting from outdoor camping and survival activities in general;
- remoteness of location(s) with poor communication & inability to get rescue or medical assistance quickly or easily;
- cuts, abrasion, rope burns and other injuries resulting from indoor and outdoor rock climbing; and other injuries resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope techniques;
- injuries resulting from failure of ropes, slings, harnesses, climbing hardware, anchor points and any part of the manmade or natural climbing structure;
- death, injuries or illness resulting from failure to follow directions from instructors or those in charge of outdoor trips, including those specifying: a) staying with the group at all times unless the instructors or those in charge are consulted and provide consent; and b) safe use of equipment;
- medical problems arising before, during or after the trip; and
- any injuries, illness or death resulting from unexpected acts of God.

Initials \_\_\_\_\_

**RELEASE OF LIABILITY**

**I AGREE TO BE SOLELY RESPONSIBLE FOR** any injury, loss or damage while I take part in a HeLa Ventures Youth Adventure Camp and/or in a HeLa Ventures Field School program and release HeLa Ventures Ltd., their directors, agents, employees, volunteers, participants or other representatives of HeLa Ventures Ltd. of all responsibility for such injury, loss or damage.

As a participant, I agree to follow the rules and guidelines as set out by the course leaders and/or instructors. Failure to comply with these rules and guidelines could/can result in my being removed from the course and sent home. Should this happen, I agree that I will cover all expenses incurred in returning to my home OR my parents/guardian will be contacted and asked to retrieve me at their expense and return me home.

Participant Initials: \_\_\_\_\_

Parent/ Guardian Initials: \_\_\_\_\_

**ALBERTA Protection of Information and Privacy Act (PIPA):**

By signing below I consent to having the information in this document collected by The Directors of HeLa Ventures Ltd.. The personal information requested on this form is collected under the authority of HeLa Ventures and the PIPA Act to allow participation in HeLa Ventures programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta PIPA Act. For further information, contact HeLa Ventures Ltd.

**ACKNOWLEDGEMENT**

**I ACKNOWLEDGE THAT I HAVE READ** the above disclaimer, description of risks and release. I also acknowledge that I understand, appreciate and accept the physical risks associated with my participation in a HeLa Ventures Youth Adventure Camp and/or In a HeLa Ventures Field School program, and that I have executed this assumption of risk agreement voluntarily.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness (HeLa Ventures Representative)

\_\_\_\_\_  
Signature of Parent or Guardian listed above

\_\_\_\_\_  
Printed Name of Witness

## PARTICIPANT'S EQUIPMENT LIST

As you pack, please remember that your clothing will get wet during paddling activities and, depending upon the weather, possibly all other activities. Please pack accordingly to ensure you have enough dry clothes for each day.

### Personal

- Personal toiletries
- Sunglasses and sun screen
- 2 Water bottles - **capacity 2L**
- Flashlight
- 5 large Glad garbage bags (**these are important!**)
- Change of clothing for the trip home
- Log book and pencil

### Sleeping

- Sleeping bag (good to 0 C)
- Sleeping pad (thermarest, foamy or air mattress)
- Dedicated clothes for sleeping (ensure a warm dry sleep!)

### Clothing

**\*\*A note on clothing:** Attempt to **eliminate cotton** as much as possible during activities. Synthetic (i.e. fleece) is a much more effective option for outdoor activities.

- Toque and sun hat
- Wool or synthetic long underwear (2 pair)
- Light weight undershirt (2)
- Wool shirt, sweater and pants (multiple)
- Wool or thermal socks (minimum 4 pairs –socks may get wet each day)
- Extra shoes for camp use
- Bathing suit and towel for the sauna

### Outdoor Gear

- Wind shell
- Warm coat
- Good rain gear (jacket and pants - no ponchos, please)
- Gloves or mitts
- Old runners that may get wet (must be close toed and secure to the feet – no sandals or crocs)
- Hiking boots (sturdy runners will suffice)
- Day pack
- If you are biking, bring an appropriate fitting bike helmet
- Helmet for the river (the bike helmet will do for this as well)
- Students must be prepared to bring or rent a wetsuit

If you tend to be cold when outside for long periods of time, you may want to bring extra warm clothing. Remember that it is better to wear multiple layers for warmth, than to wear one heavy layer. **Note:** Clothes dryers are not available. Please ensure that you have dry clothes available for the duration of the program..

**Please leave electronic devices at home! We are not responsible for them.**