

Durham Attack Team Building Weekend

13U-15U Male/Female Teams

Date: Friday, September 20th – Sunday, September 22nd

Plan to arrive between 7:30-8:00 pm on Friday night. Departure to take place after lunch on Sunday.

MAP TO CAMP:

A map with detailed driving directions is enclosed however you may also find a printable online version on our website www.madawaskacamps.com.

WE ARE NUT AWARE:

At Camp Walden we provide a NUT AWARE environment. Although our menu does not include peanut products and we employ the cooperation of our families to refrain from sending any foods which may include nut products, unfortunately we cannot control the food items brought to camp by other participants. People who regularly carry an epi-pen should provide details on the enclosed health form.

SUGGESTED PACKING LIST:

Shorts	Sleeping Bag	Flash Light
Jeans/Track Pants	Pillow	Camera
Sweat Shirt	Extra Blanket	Water Bottle
T-Shirts & Long Sleeves	Towels (2)	Sunscreen
Pyjamas	Hat	Insect Repellent
Sweater/Jacket	Flip Flops/Sandals	Alarm Clock/Watch
Bathing Suit	Toiletries	EXTRA WARM CLOTHES
Running Shoes	Hot Water Bottle	

Note: Weather varies at this time of year. Bring a variety of clothing. Please make sure to label all items to reduce the number of articles left behind.

WHAT NOT TO BRING!

- Butane or propane filled appliances.
- Cigarettes, drugs or alcohol.
- Electric blankets.
- **Hair straighteners – they are a fire hazard!**
- Expensive electronics and jewellery.
- Walkie-talkies
- Cell Phones
- Candles, lighters or firecrackers.
- Peanut products: Please help us provide the comfort and safety to each and every participant by not bringing nut products to camp.

CAMP WALDEN / MADAWASKA CAMPS HEALTH FORM

In case of emergency, please complete and sign this form.

NAME: _____ **HEALTH CARD :** _____ **D.O.B.:** _____

NAME OF EMERGENCY CONTACT: _____

TELEPHONE: _____

ALLERGIES PLEASE SPECIFY	MEDICATIONS: INDICATE DOSAGE AND TIMES
<input type="checkbox"/> Epipen Needed: _____ Reason: _____	
<input type="checkbox"/> Animals: _____	
<input type="checkbox"/> Foods: _____	
<input type="checkbox"/> Drugs: _____	
<input type="checkbox"/> Other: _____	

Please state any dietary restrictions:

Please list any restriction to camp activities:

Swimming Ability (Circle one): Non-Swimmer Weak Average Strong

Please list any recent operations, illnesses, or injuries:

Please state any physical or emotional concerns:

To the best of my knowledge, I am in good health and have not been exposed to any infectious diseases in the past four weeks. If I become exposed to any infectious diseases, or any change in health status, between now and the beginning of the camp session, I understand that the camp must be notified in writing. In case of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery. I have disclosed all pertinent information including information regarding prescription medications.

DATE

SIGNATURE

Durham Attack Team Building Waiver Form

Payment Information:

- \$200 (Plus HST) = \$226 per athlete.
\$75 + HST = \$84.75 for each chaperone or driver staying at camp (note: the Club pays for one chaperone per team).

Make cheques payable to DURHAM ATTACK VOLLEYBALL CLUB.

Additional Information:

It is always beneficial for our camp director to be aware of any pertinent information about our participants. Please feel free to comment below on any issues that will allow us to better serve you.

Conditions of Registration:

Camp fee includes room and board and full participation in all athletic and adventure activities. Participants are responsible for their own transportation to and from camp.

In consideration of acceptance of this application by Camp Walden and Madawaska Camps, I hereby agree as follows:

- i) To give camp officials authority to act on my behalf in case of emergency and/or special medical treatment.
- ii) To release and indemnify Camp Walden and Madawaska Camps from any and all claims for losses of articles and damages arising as a result of any accident, injury or otherwise sustained by me arising from my participation in any camp activities.

Printed Name _____ Signature _____ Date _____

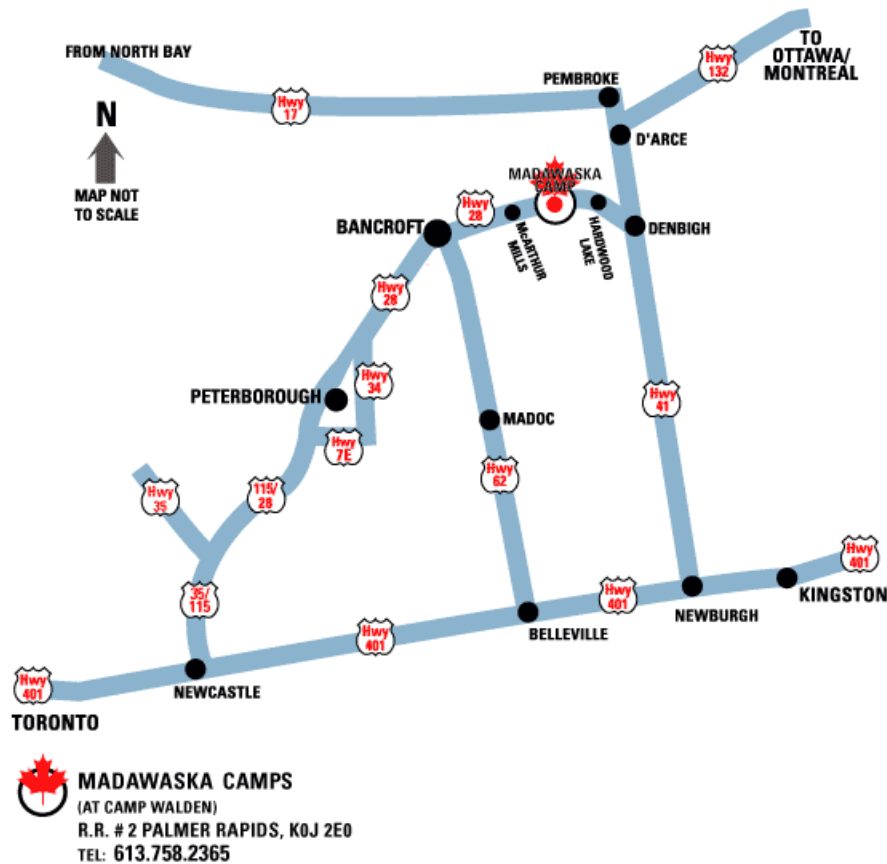
Please call the camp office and speak to Carrie or Ian Eibbitt should you have any questions or concerns.

1-866-553-0655

info@madawaskacamps.com

MAP AND DIRECTIONS TO CAMP WALDEN / MADAWASKA CAMPS

(613) 758-2365
1-888-254-4274 (Toll Free)



- take Highway 401 East to Highway 35/115
 - take Highway 35/115 North and then Highway 115/7 until it ends at Highway 7
 - follow Highway 7 East for 10 kms (6 miles) until Highway 28 (formerly 134)
 - turn Left (North) and follow Highway 28
 - take Highway 28 North to Bancroft and then Highway 28 East out of Bancroft for 42 kms (26 miles) until you see the Walden sign
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- TOTAL DISTANCE: 274 KMS (170 MILES)
 - DRIVING TIME: 3 - 3 ½ HOURS