

Camp Trident



Оселя Тризуб

Ukrainian Summer Camp

July 5 to 18, 2026

Crystal Lake, SK
(20 minutes north of Canora, SK)

Ages 7 – 13

Registration Fee **BEFORE** May 1, 2026

\$575

Registration Fee **AFTER** May 1, 2026

\$650

Registration One Week Only

\$350

Camper Contact Information:

First Name: _____ Last Name: _____ Boy ___ Girl ___

Age: _____ Birth Date: _____ Month/Day/Year

Mailing Address: _____ City: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Parent/Guardian Information:

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact Information (In case parent/guardian cannot be reached)

Name: _____ Cell Phone: _____

Relationship: _____

Persons who may sign camper out from camp (other than parent/guardian):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Health Information:

Health Card Number: _____

Allergies: _____

Medication: _____

Dietary Concerns: _____

Does your child have any health conditions or problems restricting camp activity?

Please include a brief explanation: _____

Is the camper subject to bed-wetting: Yes ___ No ___

Other Issues _____

Although we cannot guarantee an allergen free environment, we will make every effort to accommodate children with allergies.

Medication Policy:

To make your child's stay at Camp Trident enjoyable, we keep a small supply of over-the-counter medications on hand to treat minor health problems. Medication is given only after an assessment is made by the administrator and staff certified in Standard First Aid. Such medications may include Tums, pain medication, sinus medication, Rub A535, Gravol, cough syrup, throat lozenges, allergy medication, calamine lotion.

All medication (except inhalers and EpiPens) must be submitted to the Administrator upon arrival at Camp. Medication must be in the original bottle or packaging. Camp Trident staff administering medication are certified in Standard First Aid but are not health care professionals. The nearest hospital is 30 minutes away by car. No medication will be administered without verbal consent of a parent/guardian unless under specific and individual order of a physician.

Cabin Mate Preference: _____

T-Shirt Size: Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L ___

Camper's Religion: Orthodox ____ Other: _____

Baptized: Yes ____ No ____ Local Parish: _____

The camper will participate in the Holy Sacraments of Confession and Communion

Yes ____ No ____

* Campers of non-Orthodox faith will not participate in confession and communion but are expected to attend Church. *

Campers Knowledge of:

Ukrainian Language: None ____ Some ____ Good ____ Fluent ____

English Language: None ____ Some ____ Good ____ Fluent ____

Singing (Ukrainian): None ____ Some ____ Good ____

Ukrainian Dance: None ____ Number of Years ____
Class Level in your dance school _____

Musical Experience: None ____ Instrument Played ____
Number of Years ____
If possible, please bring your instrument for our Talent Night.

Swimming Lessons: None ____ Number of Years ____
Swimming Level achieved: _____

Conditions of Enrolment:

- I understand that the Camp Administrator and Camp Trident Board of Directors reserve the right to dismiss a camper who in their opinion is a hazard to the safety and right of others, or who appears to have rejected the reasonable controls of camp. If this occurs, the fee is non-refundable. The parents or guardians in this case shall provide transportation.
- I give permission to Camp Trident to use photographs/videos of the camper for promotional materials.
- I attest that Provincial Health, or equivalent medical insurance covers the camper.
- I have read, understand, and agree with the Medication Policy.
- I permit camp staff to administer other medication (pain relievers, cough/cold medication) if needed.

- I authorize camp staff to release the information on this form and approve emergency medical attention including hospitalization, anaesthesia, surgery, injection, or medication for the camper when order by professional medical staff.
- I will notify the camp either by email or by phone if any change occurs in the camper's health within 7 days prior to attending camp.
- I understand that some activities are held off the main camp.
- I have read this registration form with the camper and understand the conditions of enrolment and the cancellation policy, and I agree to be responsible for the payment of all fees to the camp.
- I certify that the information given in this form is complete and accurate to the best of my knowledge.
- I understand that NO REIMBURSEMENT will be made towards camp fees after June 30, 2026, unless extraordinary extenuating circumstances occur.

Parent/Guardian Signature (s): _____

Important Information:

- To complete your child's registration, please send this form along with full payment.
- For early bird discount, full balance must be received by May 1, 2026. Otherwise, non-discounted camp fee will apply.
- NSF cheques will result in a \$20 charge.
- Cancellation Policy: We will refund on a pro-rated basis the camp fees of a camper who leave camp early due to illness, or serious illness or death in the immediate family. Otherwise, the entire camp fee is non-refundable after June 30, 2026. No refund will be issued for dismissal due to disciplinary action; this decision is made by Camp Administrator and Camp Board of Directors.
- **Please note: The camp will not open till 2:00 pm on Sunday, July 5, 2026.**
- All parents and family members are invited to **join the campers on Saturday, July 18th** for Divine Liturgy in the morning, followed by Lunch (cost per person) and the Final Concert.

Liability Release:

Signature of this application by the parent or guardian shall give the administrator or camp staff the right to obtain or approve any medical attention necessary to the camper's welfare or good health. The parent or guardian agree to pay for all medications and services not covered by the camper's medical insurance.

I agree to always observe safety procedures and practices for camp activities. It is understood that some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignee.

I give consent for _____ to participate in all camp activities, and I execute the above liability release on their behalf.

I give consent for _____ to participate in Camp Trident Canoeing/Kayak Program as **my child is over 12 years old**, and I execute the above liability release on their behalf.

I have read all the information contained herein and hereby release Camp Trident, its officers and employees connected with Camp Trident from all liability and damages resulting from the participation of my child or ward in Camp Trident. I understand that the fee represents consideration for the activities and services in connection with Camp Trident.

Date: _____ **Signature:** _____

Parent/Guardian (print name): _____

Date: _____ **Signature:** _____

Parent/Guardian (print name): _____

Payment Summary:

Total Enclosed: \$ _____

You are welcome to email and e-transfer!

Please email registration form(s) and send e-transfer to camptryzub@gmail.com. Please use the password "trident".

OR

Mail Registration Form and Payment to:

Camp Trident, c/o Marcia Selinger 52 Eden Avenue, Regina, SK S4R 5T2.
Cheque payable to Camp Trident