

# CORNERSTONE

## Cornerstone Information for 2010

Dear Friends,

Thank you for your interest in Cornerstone. We are preparing for the summer of 2010 and are very excited about the trips ahead.

### What is Cornerstone?

Cornerstone is a Pioneer program designed for teens looking for a challenging out-tripping experience. Cornerstone is adventure-based and skill-focused, providing an intense, yet fun and safe, outdoor experience, while exploring the skills of leadership, teamwork and wilderness camping.

### Cornerstone Mandate

We believe that Cornerstone provides an ideal environment for personal growth. Through demanding wilderness excursions, small group community living, discussions, and activities, Cornerstone participants will be challenged to grow physically, mentally, socially and spiritually and to see themselves and Creation in new ways.

### Who is it for?

Young people aged 15 - 18. It is not required that participants have any prior experience or skills, nor is it necessary to have previously been a camper at Pioneer Camps to apply for Cornerstone. Space on each trip is limited.

### Dates and Fees:

Co-ed Sailing 1	July 8 - 17	ages 15 - 18	\$585 + 29.25 GST = \$614.25
Co-ed Sailing 2	July 22 - 31	ages 15 - 18	\$585 + 29.25 GST = \$614.25
Co-ed Sailing 3	August 5- 14	ages 15 - 18	\$585 + 29.25 GST = \$614.25
Co-ed Sailing 4	August 19 - 28	ages 15 - 18	\$585 + 29.25 GST = \$614.25

### Where does it happen?

Cornerstone sessions will begin at Pioneer Pacific Camp on Thetis Island for orientation and training. Sailing adventures will explore the world famous sailing waters of southern British Columbia, known for their pristine wilderness and abundant wildlife. All trips will finish at Pioneer Pacific Camp.

### Application process?

Once you have filled out the application and health form and your parent/guardian has signed the waiver, please return them to the Pioneer Pacific Camp office (address below). Applications will be processed on a first come, first served basis (apply early – space is limited). After your application has been approved, you will receive a package of information about your adventure, and be contacted by the trip leader. Thank you for applying to Cornerstone. We look forward to crewing with you!

**Pioneer Pacific Camp, Box 5-10, Thetis Island, BC V0R 2Y0**

1-800-784-1415 (250) 246-9613 Fax (250) 246-1202

[www.pioneerpacific.ca](http://www.pioneerpacific.ca) e-mail: [camp@pioneerpacific.ca](mailto:camp@pioneerpacific.ca)



# Cornerstone Application

Session name (1<sup>st</sup> Choice): \_\_\_\_\_ Session date: \_\_\_\_\_

Session name (2<sup>nd</sup> Choice): \_\_\_\_\_ Session date: \_\_\_\_\_

Camper: \_\_\_\_\_  
Last Name First Name Called

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Grade in September 2010 \_\_\_\_\_  
Month Day Year

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Is this your first time at Pioneer Pacific?  or Are you a returning camper?

How did you hear about Pioneer?  Family  Church  Newspaper  Another Camper  Internet

### Parent(s) / Guardian(s) information: (Whom the camper is living with)

Parents (or Guardian) Name(s) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mother: Business phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Father: Business phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Fees & Travel info:** Travel options and costs: To camp from Duke Point (coming from Vancouver): \$21.00 From camp to Vancouver: \$31.50  
To camp from Chemainus: \$0.00 (camper must buy their own ticket) From camp to Chemainus: \$9.45

### Fees:

Camp fee \$ 585.00

GST \$ 29.25

Spending money \$ \_\_\_\_\_ ⇒

Travel \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

Spending money can be used  
in the Tuck Shop to buy:  
T-shirts \$12-\$15  
Sweat-shirts \$20-\$40  
other items \$1-\$10  
Suggested amount \$25 - \$50

**Sign up before March 31st 2010  
and get a free T-shirt!**

Size is required:

Youth:  YS  YM  YL

Adult:  Sm  M  L  XL

### PAYMENT: (please check the following where applicable)

1. Payment in full enclosed:

- Cheque or money order  
 Credit Card

or: 2. I would prefer to pay a deposit now and pay the remainder later.

I have enclosed a cheque for the deposit (\$100) and a post-dated cheque for the balance.

Post-dated cheque should be dated one month before the start of camp.

Please take the deposit from my credit card now and a post-dated payment on \_\_\_\_\_

Post-dated payment should be no later than one month before the start of camp.

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name as on credit card \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

I would prefer to receive my information package by  mail  e-mail

# Cornerstone Health Form

Session Name (1<sup>st</sup> Choice): \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Care Card # \_\_\_\_\_ OR Medical plan \_\_\_\_\_ ID# \_\_\_\_\_

Alternate emergency contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical History & Special Needs

*Please be open about the information you give us. Disclosure will not necessarily prevent a child from coming to camp, but failure to inform us could lead to difficulties. Without good information, we are less able to provide a positive experience for your child. Such situations might even result in the child having to be sent home at your expense.*

Does the camper have any life-threatening medical condition of which we need to be aware?

Yes  No

Has he/she had any debilitating injuries?

*Especially any that would prevent strenuous activity*

Yes  No

Does he/she wear contacts or glasses (specify below)? Yes  No

Does he/she have any hearing problems? Yes  No

Does he/she wear hearing aids? Yes  No

Emotional problems Yes  No

Have they ever suffered from an addiction? Yes  No

Social difficulties Yes  No

Learning Difficulties Yes  No

Does your child need a teaching assistant, or in a special class at school? Yes  No

If yes to any question, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Behavioural Concerns: \_\_\_\_\_

Current medications: \_\_\_\_\_

**Allergic Reactions:** As a "Nut Aware" facility, we do not use nuts or nut oil in our cooking. However, we cannot guarantee a nut free environment

Penicillin  Bee Stings  Foods  Insect Bites  Environmental  Other Drugs (list below)

Has he/she ever had a reaction to any medication? Yes  No

Information about allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

*Camper's are expected to have had a tetanus shot within the last ten years. If they haven't, please arrange for one.*

Any special diet? No  Yes  Please explain: \_\_\_\_\_

Other concerns or special needs we should know about:

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you have indicated that your child has any severe life threatening allergy or medical condition and you wish to continue with the camper application, you must call our office and discuss your child's condition before the application will be processed.*

## Waiver, Policies and Conditions of Enrolment

---

1. I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in IVCF/Pioneer Camp activities. Furthermore, I authorize IVCF, its staff or agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above named when ordered by professional medical staff; with the understanding that all reasonable attempts have been made to consult with myself beforehand, except in the case of minor illness and/or first aid, where deemed appropriate.
2. I release IVCF, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.
3. I understand that IVCF, its staff or agents reserve the right to dismiss a participant who is, in their opinion, a hazard to the safety and well being of others, or who appears to have rejected the reasonable guidelines of the activity.
4. I understand that an evaluation of my child may be necessary in order to determine whether he/she can be accommodated at camp.
5. I agree to permit reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities and programs.
6. I have read the application form and brochure and accept the conditions of enrolment.

**Refund Policy:** In the event of cancellation, refunds will be made according to the following schedule:

Up until 2 weeks before camp start date\*

Refund, less \$100.00 administration fee.

Less than 2 weeks before camp start date\*

No Refund

\*With a physician's note a full refund provided.

**Signature of Parent/Guardian:** \_\_\_\_\_

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