

# ***West Coast Sikh Youth Alliance Sikh Youth Summer Camp 2010***

## **MISSION**

As members of the Sikh community we have gone through the trials and tribulations associated with growing up in western society. We feel that it is our obligation and privilege to help strengthen and develop the identity and heritage of the Sikh youth, and to give them the confidence to maintain that identity.

## **OBJECTIVE**

From August 21 – August 27, the West Coast Sikh Youth Alliance will be holding its 16<sup>th</sup> Annual Sikh Youth Summer Camp. The camp is for youth between the ages of 10 – 25 years. Over the course of the week the youth will be exposed to Sikh ideologies and aspects of Sikh spirituality. The campers will be introduced to the Sikh way of life through workshops, Gatka (Sikh Martial art) training, lectures, and religious darbars that will be held during the mornings and evenings for the duration of the camp.

## **LOCATION**

This year's camp will be held at Camp Hope near Hope, BC. Surrounded by mountain ranges, this setting will provide an excellent spiritual atmosphere. This campsite has recreational facilities for canoeing, swimming, rock climbing, horseback riding, hiking, kayaking and field sports. There also is a lodge in which morning and evening religious darbars will be held. During breakfast, lunch, and dinner the campers will eat in a large common dining hall.

## **FEES**

**There will be a \$275.00 fee for the campers. This fee will cover the cost of the campers' lodging, meals, workshops and recreational rentals.**

**FEES ARE NON REFUNDABLE.**

### **EARLY BIRD DISCOUNT:**

**Register before June 30 and pay only \$250.**

**Register after June 30 and pay \$275.**

## **PLEASE MAIL COMPLETED FORMS AND CHEQUE TO:**

**206-8388 128<sup>th</sup> Street, Surrey, BC**

**Or fax to: 604 543-9112**

**Or email to: khalsaq@yahoo.com**

**FOR MORE INFORMATION OR TO ARRANGE PICK UP  
OF THE FORMS PLEASE CALL: 604-908-5575**

We would like to thank you for registering for West Coast Sikh Youth Alliance's 16<sup>th</sup> annual Sikh Youth Summer Camp 2010.

Attached to this you will find a personal information sheet and a 'what to bring' checklist. **In order to make everyone's stay at camp enjoyable, we ask everyone to please bring all the items outlined on your campers checklist.** If you do not bring enough clothes for the week you will end up wearing dirty clothes - so pack accordingly. There are no laundry facilities at camp. If for any reason you have problems obtaining any of the items on the list please feel free to contact us at anytime. **One of the items on the checklist is Bana or Salwar Kameez or Kurta Pajama for all participants; it is absolutely essential that you bring this item.** This wardrobe (especially the bana) is encouraged to offer campers an experience of unity in the darbar, and emphasizes that visitors to the gurdwara wear clean, comfortable clothing. If you do not have these items they can be purchased at various Indian / Punjabi shops around the Lower Mainland.

**PLEASE PACK LIGHTLY --- YOU ARE PERMITTED TWO BAGS IN TOTAL -- WHICH INCLUDES YOUR SLEEPING BAG (Bags should be no larger than a 26 inches) --MAKE SURE YOUR STUFF IS CLEARLY LABELLED WITH BIG LETTERING**

On [August 21, 2010](#) all the campers will be meeting at:

**Khalsa School Old Yale Road Campus  
10677 124<sup>th</sup> Street  
Parking lot.**

Campers should be there no later than **6:00PM**, as the buses will be leaving at **6:30 PM. Campers should eat dinner prior to arrival as we will arrive at the campsite after dinner.** This time is strictly enforced; any camper not arriving on time will be left behind and will then have to find their own ride to the campsite. We look forward to seeing you there and we will do our best to make this camp an enjoyable and exciting experience for you.

In case of an **emergency** during camp, parents may **leave a message** for their son/daughter at the campsite at the following number: **604-908-5575**

Parents are advised that there is **no pay phone or other phone** that campers may contact their parents with from this campsite. If there is any sort of emergency the parents will be advised by one of the staff members.

The campers will return home on **August 27<sup>th</sup> at 6PM** and should be picked up from **Khalsa School Newton Campus, 6933 124<sup>th</sup> Street.**

## CAMPERS CHECKLIST

- \_\_\_ Sleeping bag
- \_\_\_ Pillow
- \_\_\_ Bed sheet
- \_\_\_ Toothbrush / toothpaste / hairbrush / towel / shampoo / body wash deodorant, etc.
- \_\_\_ Rumaal / bandana / patka / keski / dastaar (head covering)
- \_\_\_ Kurta Pajama / Salwar Kameez or Bana **\*\*AT LEAST 3\*\***
- \_\_\_ Insect repellent\*\*\*\*very very important as this campsite is in the mountain ranges
- \_\_\_ Sunscreen
- \_\_\_ Track pants/jogging pants
- \_\_\_ Shorts (regular and for swimming)
- \_\_\_ T-shirts
- \_\_\_ Sweatshirts
- \_\_\_ Rain jacket
- \_\_\_ Running shoes
- \_\_\_ Sandals
- \_\_\_ Undergarments
- \_\_\_ Socks
- \_\_\_ Jeans
- \_\_\_ Flashlight (plus **extra** batteries)
- \_\_\_ Shawl for Darbars & Campfires in case you feel cold (optional)

- Amritdhari campers may want to bring an extra kanga and kirpan in case they break or are lost.

### Please note:

- **No camper should bring any food (chips, pop, candy, granola bars, etc.).**
- All food will be provided at the campsite. All food brought by campers to the campsite will be confiscated and will **NOT** be returned.
- No camper should bring any magazines, books etc.
- No camper is to bring any valuables to the campsite (cell phones, iPods, game boys, PSPs, Nintendo DS, firecrackers, laser pens, palm pilots, mp3 players, etc). If any camper does bring these types of items they will be confiscated.
- **If any camper possesses any of the above listed materials, the item will be confiscated and the parents will be charged a \$100 fine prior to return of the personal item.**
- No foul or hateful language will be tolerated at camp. West Coast promotes equality for all people from different genders, races, cultures, nationalities and faiths.
- A strict curfew of 11:00 p.m. will be enforced; any camper leaving their cabin after this time must be escorted with a counselor or security individual.
- Campers will be told all the rules of camp on the first day.

## CAMPERS GENERAL INFORMATION FORM

**Please fill out this general information form in addition to the medical information and medical consent forms. Thank you for your understanding.**

We would like campers to learn and participate according to their comfort and willingness, and we hope to make camp an enjoyable and enlightening experience. Your honest answers to these questions would therefore help us in accomplishing this goal.

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Singh or Kaur (please circle one)

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

T-Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ Youth or Adult (please circle one)

Are you able to play vaja and sing keertan or simran?

Yes \_\_\_\_\_ No \_\_\_\_\_ Beginning to Learn \_\_\_\_\_

Are you able to play tabla?

Yes \_\_\_\_\_ No \_\_\_\_\_ Beginning to Learn \_\_\_\_\_

Would you be able to play any other instrument during keertan at camp?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which instrument? \_\_\_\_\_

Are you able to read and recite Gurbani?

Yes \_\_\_\_\_ No \_\_\_\_\_ Beginning to Learn \_\_\_\_\_

Are you able to recite any of the daily banis and understand the basic message?

Yes \_\_\_\_\_ No \_\_\_\_\_ Beginning to Learn \_\_\_\_\_

If yes, please underline the banis that you can basically understand and recite.  
Jap Ji, Jaap, Tav Prasad Swaiye, Benti Chaupai, Anand, Rehiras, Sohila

### **Optional Information**

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Name of your school / institute: \_\_\_\_\_

Your grade / year of study: \_\_\_\_\_

If you are in post-secondary education, what is your major?

\_\_\_\_\_

**West Coast Sikh Youth Alliance Sikh Youth Summer  
Camp  
August 21– August 27, 2010  
Camper Medical Information**

Please note that the following information is confidential.

Camper's Last Name: \_\_\_\_\_

Singh or Kaur (pls circle one)

Camper's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
YY M D

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ (of Parent/Guardian)  
Email Address: \_\_\_\_\_

**Care Card Number** \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Emergency Contact Numbers:**

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_

**Medical History**

Has the child ever experienced any of the following?

- |  |                                       |  |  |   |
|--|---------------------------------------|--|--|---|
| <input type="checkbox"/> Arthritis                     | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Ear Troubles                  | <input type="checkbox"/> Fainting     | <input type="checkbox"/> Sinus Troubles  | <input type="checkbox"/> Migraines           | <input type="checkbox"/> Hay Fever        |
| <input type="checkbox"/> Motion Sickness               | <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Cancer          | <input type="checkbox"/> Nose Bleeds         | <input type="checkbox"/> Bronchitis       |
| <input type="checkbox"/> Tonsillitis                   | <input type="checkbox"/> Nightmares   | <input type="checkbox"/> Rheumatism      | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Frequent Colds   |
| <input type="checkbox"/> Kidney Trouble                | <input type="checkbox"/> Convulsions  | <input type="checkbox"/> Skin Diseases   | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Anaemia          |
| <input type="checkbox"/> Other? Please give specifics. |                                       |  |  |   |

Does the camper have any allergies?

<input type="checkbox"/> Foods	List foods: Type of reaction:
<input type="checkbox"/> Insects	Type of insect: Type of reaction:
<input type="checkbox"/> Drugs	Name:
<input type="checkbox"/> Mosquito Bites	List of causes: Type of reaction:
<input type="checkbox"/> Other	

Please give specifics:

**Please explain any specific treatment or drugs for any of the above listed allergies or ailments:**

E.g. use of hypo-spray for asthmatic condition or anaphylactic injection for bee stings

Check one:

	Excellent	Good	Poor	Aids	Impaired
Eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Other Medical History

When was the last time the camper had a **Tetanus** inoculation or booster(d/m/y)?

Has the camper had any major illnesses, injuries or operations within the past 12 months which would affect their ability to safely participate in all camp activities?

Yes  No

If yes, please give specifics.

Is the camper taking any **prescription** or **non-prescription** drugs?

Yes  No

Please specify Name of drug:

Reason for taking drug:

All of the information is accurate as of today's date. If there are any changes between now and the program date, I agree to contact West Coast Sikh Youth Alliance with updated information. I also give permission for my son/daughters pictures/audio/video to be taken and give permission for the materials to be used on WCSYA related advertising, website, pamphlets, etc.

Signature of Parent/Guardian/Camper if over 19 years of age \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

**West Coast Sikh Youth Alliance Sikh Youth Summer Camp**  
**August 21– August 27, 2010**

**Consent to Medical Treatment**

Camper's Last Name: \_\_\_\_\_

Singh or Kaur

Camper's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  YY     M     D

**Care Card Number** \_\_\_\_\_

I agree that the West Coast Sikh Youth Alliance, its directors, staff, counsellors and volunteers accept no liability in connection with the supervision or administration of medication to my child.

The West Coast Sikh Youth Alliance will not supervise the administration of prescribed medication to students unless the parent or guardian expressly authorizes the administration of medication at Camp, the parent or guardian provides explicit written instructions regarding the manner in which the medication is to be administered, and there are staff available to undertake this task.

I **do** hereby consent to administering prescription medication and to emergency medical treatment to my son/daughter while he/she is at the Sikh Youth Summer Camp.

Camper Drug Allergies: \_\_\_\_\_

Signature Camper/Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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