

## Children's Guest Ranch Ltd.

1128 - 256th Street, Aldergrove, BC V4W 2J3 Tel: 604-857-1712 www.webbsholidayacres.ca guestranch@shaw.ca

## 2024 CAMP INFORMATION

### Camp Dates

All camp dates are co-ed for children ages 6-14



#### Summer

WEEK 1	Short \	Neek	Mor	nday,	June	30th	- F	riday,	July 4	tł

WEEK 2 Sunday, July 6th - Saturday, July 12th

WEEK 3 Short Week Monday, July 14th - Friday, July 18th

WEEK 4 Sunday, July 20th - Saturday, July 26th

WEEK 5 Sunday, July 78th - Saturday, August 2nd

WEEK 6 Short Week Monday, August 4th - Friday, August 8th

WEEK 7 Sunday, August 10th - Saturday, August 16th

WEEK 8 Sunday, August 17th - Saturday, August 23rd

WEEK 9 Short Week Monday, August 25th - Friday, August 29th

#### Check-In / Check-Out

A safety waiver must be signed by a legal guardian upon arrival. Please print sign and the waiver forms from our website to save time on check-in day or if someone else is dropping your child off.

Summer Check-in 6-7 pm | Check-out 1 pm

- No Early Birds Please
- No dinner will be served on check-in day
- Anyone wishing to book two or more consecutive weeks must pick their children up on the check-out afternoon and return them on the following check-in evening

### Webb's Holiday Acres Policies

- For the health and safety of everyone, if you, your child or anyone in your household is experiencing ANY COLD OR FLU SYMPTOMS prior to camp arrival please call or e-mail us immediately. You can reserve a different week for your child or we will be given a FULL refund for the missed week this summer.
- For the health and safety of our horses, the maximum weight for horseback riders is 190 lbs. This guideline ensures the well-being of our animals and allows all riders to enjoy a safe and comfortable experience.

#### **Prices**

Summer

Regular Week (WEEKS 2, 4, 5, 7, 8). . . . \$799

Short Week (WEEKS 1, 3, 6, 9). . . . . . . \$578

All prices include GST.

- We accept cheque, cash, or e-transfer. We do not take any credit or interac cards. Please make cheques payable to Webb's Holiday Acres
- Please do not scan and email forms. Original signed forms can be brought on arrival day.
- Deposit of \$300 or payment in full. The remainder to be paid 2 weeks before arrival.
- Three or more children from your immediate family booked in will receive \$20 off per child
- Cancellations or refunds with 4 or more weeks notice will be charged \$50.
- Cancellations or refunds with less than 4 oweeks notice will be charged 50%.
- N.S.F. cheques will be charged \$50
- Your cancelled cheque will be your receipt. If you do not get your cheques returned, we can issue a receipt on check-in or check-out day upon request.

#### More Questions?

Visit www.webbsholidayacres.ca for detailed info about:

- Driving Directions
- Packing Lists (and What Not To Bring)
- Methods of Payment
- Frequently Asked Questions
- Weekly Activity Schedule
- Safety & Liability Forms
- Photo Gallery & Videos

This page is for your reference only



Camp Date:

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# RESERVATION FORM

Camper Information										
Last Name	Usual F	First Name			Birthdate (	MM/DD/YYYY)	Age	Sex		
Street Address					City					
Province / State	Postal /	/ Zip Code			Home Phone					
Contact Information										
Name of First Parent / Guardia	Phone Number				Cell / Daytime Phone					
Name of Second Parent / Guar	Phone Number				Cell / Daytime Phone					
Name of Alternate Emergency	Contac	tPhone N	lumber			Cell / Daytime Phor	ie			
Medical Information										
Medical Number (Care Card)	Doctor's Name				Doctor's Phone					
Does the Camper Have Any Al	lergies?									
Allergy			n severity			Treatment / medi	cation require	∌d		
Please Mark Any General Healt										
Non-Swimmer Homesickness Bed-wetting Sleepwalking	ADD / ADHD Diabetes Heart Problems Bleeding Disorder			Eating Disorders Seizures Asthma F.A.S.						
Please note any treatment of the above	condition	S								
Please Check if Camper Carries:  ANA Kit  Epipen  Medical Alert Bracelet		Does Camper Know How To Use? Yes No Yes No Yes No Yes No			Jse?	Additional Medical Concerns?				
Please list medication the child	will be	taking:								
Medication Name	edication Name Dosage					When Administere	ed			



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Please list any dietary issues		
Please list any recent operations, injuries, or illness		
Please list activities that should be limited while at camp & reasons		
Does the camp medical personnel have permision to administer over-the-counter medications to your child?(such as Tylenol, antihistamines, antiacids, etc.)	Yes	No
Is your child up to date on immunizations including the Covid-19 vaccine?	Yes	No
Parent or Guardian Declaration		
I hereby release Webb's Holiday Acres, its staff and sponsors from responsibility and liabilithis applicant may sustain during this activity. In the event of an emergency, if I am una authorize an adult leader of Webb's, as an agent for me, to consent to any x-ray extreatment; and hospital care advised and supervised at a licensed facility under the laws of	ible to be c amination;	contacted, I hereby medical or dental
Signature of Parent/Guardian Date		
I acknowlege that Webb's Holiday Acres may take photographs of my child, which may be used for	or promotion	nal purposes only.
Signature of Parent/Guardian		
[	later) / SE1 ng as a resi	certified protective
Additional Information		
Is this your first time camping at Webb's Holiday Acres? Yes No If no, how long have you been at	ttending Webb	o's Holiday Acres?
How did you find out about Webb's Holiday Acres?		
Please provide us with your email address so that we can send you forms for next year		

Mail this reservation form (2 pages) and waivers (2 pages) with depost or full payment for each week.

The balance is to be paid two weeks before arrival. Your spot will be held as soon as we receive deposit or full payment. Please return as early as possible to ensure your choice of weeks.



Make cheques payable to Webb's Holiday Acres.

Mailing address: 1128 - 256th Street, Aldergove, BC, V4W 2J3