



Enviro-Quest camp 2026

About Enviro-Quest Camp

This event is brought to you by the Lesser Slave Watershed Council, the Lesser Slave Forest Education Society, and the Boreal Centre for Bird Conservation.

Camp runs from 9:00am-4:30pm each day and campers will be picked up and dropped off at the Multi Rec Centre in Slave Lake by a High Prairie School Division bus. Participants are to arrive no later than 9:00am to ensure we are on schedule. Camp staff will be at the Multi Rec Centre no earlier than 8:45am each day and are not responsible for supervision if your child arrives earlier than 8:45am.

Contact the Boreal Centre office at (780) 849-8240 or info@borealbirdcentre.ca if you have any questions, comments or concerns. We want to make sure this camp runs smoothly and everyone has fun!

Please return forms to: Boreal Centre for Bird Conservation, Box 1076, Slave Lake, AB T0G 2A0 or email them to: info@borealbirdcentre.ca

Contact

Office Phone: (780) 849-8240

Email: info@borealcentre.ca

Forms

It is very important that you read all forms carefully, fill them out accurately, sign and return them to our main office or by email

Registration form

Waiver

Photography Consent and Release Form

Medical/Camper Information Form



Supply List for Participants

We will be outside all day so if you think your child will need anything else, please make sure to send it along. An itinerary will be sent out the week before camp starts with more details about activities and locations.

- ✓ Proper outdoor clothing (dress for the weather and for being outside in the forest)
- ✓ Proper footwear (no open toed shoes)
- ✓ Backpack
- ✓ Water Bottle
- ✓ Change of Clothes
- ✓ Lunch and snacks
- ✓ Insect repellent
- ✓ Sunscreen
- ✓ Hat

A note about electronics- participants may bring a cell phone or other electronic device for communicating with parents/downtime while on the bus. To safely participate in the outdoor activities, participants' full attention must be on the activity so we will ask that all devices be put away while we are taking part in activities. *Staff are not responsible for any personal items, including electronics, that are brought to camp.*



Method of Payment - Cash Cheque E-transfer Debit/Credit

Fee - \$30/day or \$75.00 for 3 days

Payment can be made by cash or cheque. Credit and debit card payments can be made in person at the Boreal Centre and e-transfers can be sent to info@borealbirdcentre.ca

If you require financial assistance in order to register your child for this program please email the Lesser Slave Forest Education Society's Executive Director, Cori at cori@lsfes.org. Financial assistance is available.

All fees must be paid in full by the beginning of Enviro-Quest Camp unless otherwise arranged with Camp Organizers.

Send Registration forms and fees to:	
By Mail:	Boreal Centre for Bird Conservation Box 1076 Slave Lake, AB, T0G 2A0
Phone:	(780) 849-8240
E-mail:	info@borealbirdcentre.ca
Forms can also be dropped off in person at:	the Boreal Centre for Bird Conservation



Enviro-Quest Camp 2026 - Assumption of Risk Release and Waiver of Liability Indemnity Agreement

IN CONSIDERATION of allowing (participant name) _____ to participate in the program, related events and activities of **Enviro-Quest camp**. I WARRANT TO YOU THAT:

1. I am familiar with the risk of serious injury and death which any participant in this program must assume, and
2. I believe that I am physically, emotionally and mentally able to participate in this program
3. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me, and
4. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness for continued participation in the program.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my participation in this program and execution of this document constitutes:

1. an ASSUMPTION OF ALL RISKS associated with participation in this program even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of any minor child/ward in the program, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.



Please initial and then sign below.

_____ I HAVE READ THIS DOCUMENT THOROUGHLY.

_____ I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY PARTICIPATION IN THIS PROGRAM.

_____ I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE HAVE.

_____ I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Participant's name (print) _____

Parent/Guardian's name (print) _____

Parent/Guardian's signature _____

Date _____



Photo Release Form

Re: Permission to Use Photograph

Event: Enviro-Quest camp 2026

Location: Lesser Slave Lake area

I grant ***to the Lesser Slave Forest Education Society, the Lesser Slave Watershed Council and the Boreal Centre for Bird Conservation*** the right to take photographs of me/my child in connection with the above-identified event. I authorize ***the Lesser Slave Forest Education Society, the Lesser Slave Watershed Council and the Boreal Centre for Bird Conservation*** its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that ***the Lesser Slave Forest Education Society, the Lesser Slave Watershed Council and the Boreal Centre for Bird Conservation*** may use such photographs with or without a name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Participant's name (print)	
Participant's signature	
Parent/Guardian name (print)	
Parent/Guardian Signature	
Date	



Enviro-Quest camp 2026 Medical Form

To be completed and signed by a parent or guardian and returned to the Boreal Centre for Bird Conservation.

Participant Information:	
Name:	Birthdate:
Health Care Card Number:	Family Doctor Name & Phone:
Parent/Guardian Information:	
Parent/Guardian Name:	Relationship to Child:
Primary Phone:	Secondary Phone:
Emergency Contact Information <i>(if we are unable to reach the parent/guardian)</i>	
Name:	Relationship to Child:
Primary Phone:	Secondary Phone:



Health History

Does your child have any diagnosed or undiagnosed health issues that we need to be aware of?
Please elaborate:

Allergies

Please list Food allergens and/or Other Allergies and any medication that may be associated with them:

Other Restrictions & Considerations:

Dietary Restrictions: _____

Medications: _____

Will the medications listed be with the child for the duration of the camp? Yes No

Do we have permission to help administer drugs/medication if necessary? Yes No

Activity Restrictions:

Is there anything else you feel that camp counselors need to be aware of? Please specify



Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities, except as noted above. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Camp Director to ensure the participant receives adequate medical attention to ensure the health of the participant.

Form completed by: _____

Relationship to participant: _____

Signature: _____

Date: _____