

Children's Guest Ranch Ltd.

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

2022 CAMP INFORMATION

Camp Dates

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

Summer

WEEK 1	Sunday, July 3rd - Saturday, July 9h
WEEK 2	Sunday, July 10th - Saturday, July 16th
WEEK 3	Sunday, July 17th - Saturday, July 23rd
WEEK 4	Sunday, July 14th - Saturday, July 30th
WEEK 5	SHORT WEEK Monday, August 1st - Friday, August 5th
WEEK 6	Sunday, August 7th - Saturday, August 13th
WEEK 7	Sunday, August 14th - Saturday, August 20th
WEEK 8	Sunday, August 21st - Saturday, August 27th
WEEK 9	SHORT WEEK Monday, August 29th - Friday, September 2nd

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

- 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 Covid-19 Policy

 For the health and safety of everyone, if you, your child or anyone in your household is experiencing ANY SYMPTOMS related to Covid-19 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.

This page is for your reference only

Prices

Summer	
Regular Week (WEEKS 1, 2, 3, 4, 6, 7, 8)	133
Short Week (WEEKS 5, 9)	193

All prices exclude taxes.

- 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





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RESERVATION FORM

Camp Date:						7	•
Camper Information						<i>)</i> ()	(
Last Name	Usual	First Name		Birthdate (MM/DD/YYYY) Age S		Sex	
Street Address			City				
Province / State Postal /		Zip Code Home		Home Pho	one		
Contact Information				l			
Name of First Parent / Guar	Phone Number			Cell / Daytime Phone			
Name of Second Parent / G	Phone Number			Cell / Daytime Phone			
Name of Alternate Emerge	tPhone Number			Cell / Daytime Phone			
Medical Information							
Medical Number (Care Car	Doctor's Name			Doctor's Phone			
Does the Camper Have An	y Allergies	?					
Allergy	Reaction severity			Treatment / medication required			
		• • • • • • • • • • • • • • • • • • • •					• • • •
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Please Mark Any General H	lealth Con	carns:					
Non-Swimmer	ADD / ADHD			Eating Disorders			
Homesickness	Diabetes			Seizures			
Bed-wetting	Heart Problems			Asthma			
Sleepwalking	Bleeding Disorder			F.A.S.			
Please note any treatment of the ak	oove conditio	ns					
Please Check if Camper Carrie	es:	Does Camper	Know How To l	Jse?	Additional Medical Co	oncerns?	
ANA Kit		Yes No					
Epipen		Yes No					
Medical Alert Bracelet		Yes No					
Please list medication the c	hild will be	taking:			'		
Medication Name	Dosage			When Administered			
							• • • •



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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 liabithis 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 d amination;	contacted, I hereby medical or dental
Signature of Parent/Guardian		
I acknowlege that Webb's Holiday Acres may take photographs of my child, which may be used for	or promotio	nal purposes only.
Signature of Parent/Guardian		
I (please print parent/guardian name) have been a Children's Guest Ranch Ltd. that the use of a properly fitted and secured ASTM (FF1163-88 or headgear may reduce the severity of some head injuries or prevent death from happeni occurences. Signature of Parent/Guardian	later) / SE1 ng as a res	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	tending Webl	b'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.

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