



WRCA Grade 6-12 Island Summer Camp

Monday August 18 – Thursday August 21, 2025

Dear Student & Parents,

We are thrilled that you are considering coming to the Island Summer Camp from Monday August 18 – Thursday August 21.

This is a wonderful, fun filled few days in an absolutely stunning well-kept campsite on Thetis Island.

There are many fun activities such as:

- Climbing Tower
- Kayaking
- Canoeing
- Swimming
- Walks
- Card games
- Boating
- Challenges
- Beach Volleyball
- And plenty of relaxation with friends and good food!

We have been going to Capernwray for 7 years and the staff are wonderful, helpful and enthusiastic! Students stay in rooms hosting 4-6 students with a washroom attached.

The cost for the 3 nights and 4 days is \$1,000. This includes the 4 ferry rides (2 there; 2 back) homestyle meals at the campsite and all the activities. Students will be responsible for their own meals while travelling.

REGISTRATION CLOSES MAY 14, 2025!

Please reach out to if you have any questions:
Blessings,

Mrs. Gan
gand@wrca.ca

Mrs. Louw
louw@wrca.ca



STUDENT INFORMATION

Student First Name: _____ Student Last Name: _____

Grade in September 2025: _____ Student MSP #: _____

Parent Name: _____

Parent Emergency Contact Number: _____

Parent Email Address: _____

STUDENT AGREEMENT – Capernwray

RULES & GUIDELINES

As a student of White Rock Christian Academy attending the WRCA 2025 Senior School Summer Camp at Capernwray, I will strive to model Godly character in every aspect of my life. I will remain committed to developing my relationship with God. I will serve God by serving the community in which I live. I will commit myself to:

- Follow the rules of the school
- Show respect for my fellow students, teachers and the authorities of the school
- Refrain from immoral behaviour

CELL PHONE POLICY

I acknowledge that I will need to hand in my cell phone when we arrive at Capernwray. Cell phone time will be scheduled each day. This information will be communicated to students and parents closer to the time.

I (student), the undersigned, have read, understood, and agreed to uphold the WRCA Programme Rules and Guidelines. I understand that failure to uphold these guidelines may result in being sent home early at my parents' expense.

Student
Name: _____

Student
Signature: _____

Date: _____



CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM

To the Parent(s)/Guardian(s) of _____

Student Name

Please read the contents of this Consent and Acknowledgement of Risk form.

Destination/Activity: WRCA 2025 Senior School Summer Camp at Capernwray
Date(s): August 18-21, 2025
Purpose/Educational Goal(s): English Language Learning and Cultural Immersion
Itinerary/Activities: Ferry trips and three-night stay at Capernwray Harbour, including camp activities such as Kayaking/Canoeing, Teambuilding activities such as a ropes course, etc., administered by Capernwray Staff.
Method of Transportation: School bus and BC Ferries.
Coordinator: Cindy Louw; louw@wrca.ca ; 604 862 0393
Total Number of Supervisors: Depends on activity
Supervisory Arrangements: WRCA staff
Cost: \$1,000 (excludes ferry meals). To be paid via PAD on registration. Non-refundable after May 15, 2025.

School Responsibilities

The school will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service providers involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program/activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. A Safety Plan is in place to identify and manage known potential risks.
6. An Emergency Plan is in place to deal with an injury or illness to any of the students

Potential Risks

Potential known risks include the following:

1. Injuries related to vehicle crashes en-route to and from activity area or school
2. Becoming lost or separated from the group or the group becoming split up
3. Injuries related to the physical demands of the activity and/or lack of activity skill
4. Allergic reaction to natural toxins in the environment (e.g. bee sting) or food substances
5. Psychological injury due to anxiety or embarrassment
6. Drowning or near drowning
7. Other risks normally associated with participation in the activities and environments indicated in the trip Itinerary



Consent and Acknowledgement of Risk

Destination/Activity/Program: WRCA Transitional Program, Victoria & Capernwray

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. I am aware that my child will be informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. I understand that in the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation and/or I may be contacted to have him/her picked up.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

Based on my understanding, acknowledgement, and consents as described herein, I give permission for

Student Name

DOB: dd/mm/yyyy

to take part in the WRCA Senior School 2025 Summer Camp.

Parent/Guardian Name (please print) Signature

Date