**St. Wolbodo Youth Retreat - Year of the Bravehearted**

INFORMATION & REGISTRATION FORMS

SUNDAY, AUGUST 3TH – WEDNESDAY, AUGUST 6TH, 2025

**Please visit our website: www.stjamesapck.com**

This is the inaugural year for the St. Wolbodo Youth Retreat. Our aim is to provide Anglican youth with a few days to escape the busyness of the world and focus on the faith while enjoying team building activities and summer recreation in the beautiful Rocky Mountains of Larkspur, Colorado. Each day will consist of the Daily Offices and the Eucharist, coupled with a Bible Study, group activities provided by the camp, a liturgical-based class, and night games/activities. We will also complete a service project.

**Check-in: Sunday, August 3th, 2025, 4:00 PM**

**Check-out: Thursday, August 6th, 2025, 1 PM**

Campers will be challenged to grow spiritually, physically, emotionally, and socially. Opportunities will abound for making new friends and meeting people from all over the United States, learning leadership skills, taking responsibility for oneself and others, and having lots of fun!

**Staff and Counselors**

In addition to the priests and deacons who volunteer their time, there will be adult counselors and teachers in attendance to supervise and instruct campers. Moreover, qualified and trained staff members supervise campers and program activities.

**Age Restrictions**

The Summer Youth Retreat is open to youth entering the 6th grade through 12th grade. Please email all questions and inquiries to stjamesapck@gmail.com

**How to Register**

Carefully print all information on the Registration Form for each camper and be sure to have a parent or legal guardian sign the statement on the last page of the Registration Form. (Incomplete applications will be returned and cannot be processed until properly completed.) Additional waivers will be provided at a later time. We will be in touch with registered campers for what is needed.

Email a copy of the form. Also bring a hard copy. Send money via paypal on St. James website or mail a check.

We are trying to shift over to email registration, so it would be appreciated if the Registration Form could be filled out as a Word Document and sent to Fr. Dan Canda at [stjamesapck@gmail.com](mailto:stjamesapck@gmail.com). Please also mail a hard copy (snail mail) of the completed Registration Form and the Waiver of Liability and Release Form (necessary for high challenge activities), together with your check payable to St. James Anglican Church (with “St. Wolbodo Youth Retreat” in the memo line) to: 6937 W 83rd Way, Arvada, CO 80003.

**Fees**

The fee is $300.00 per person. Scholarships are available and as always, applications will be kept confidential. Please contact Bishop Ashman directly if you know of a camper that needs assistance: 818-749-8139 or bishopashman@gmail.com

**Deadlines**

For insurance purposes, the owners of the camp must have an accurate count of those attending before we arrive. Therefore, applications (with health information and signature of parent or guardian) and camp fees must be received by St. James APCK not later than July 12, 2025. If there is a problem, call us.

**Transportation**

Campers are responsible for their own transportation to and from the Denver area. We will depart from St. James in Westminster, CO after Holy Communion on 8/3, and return there the afternoon of the 6th. Anyone coming to Colorado by airplane should plan to arrive at DIA International Airport on the 2rd and plan to leave on the 7th. Transportation to and from the airport as well as housing for the nights not at camp will be provided with families from St. James. If you need help with transportation or assistance getting from the airport, please contact stjamesapck@gmail.com. **We always find a way to get campers to camp**!

**Location, Address and Contract Information**

Ponderosa Retreat and Conference Center is located in Larkspur, Colorado, about an hour and a half south of Denver. The weather is hot and dry with occasional afternoon storms.

**Ponderosa Retreat and Conference Center, 15235 S. Furrow Rd., Larkspur, CO 80118**

(719) 481-2482 (Local)

**Cancellation & Refunds**

If a camper withdraws his or her registration and written notice is received seven days prior to the

start of the camp program, a full refund will be made. If one must leave camp because of illness or injury, the refund will be pro-rated on a per diem basis. No other refunds will be given. If a camper leaves early due to homesickness or parent request, no refund will be made.

**Program Cancellation**

The Anglican Province of Christ the King reserves the right to cancel the program due to extenuating circumstances. Should the program be canceled in its entirety, a full refund will be made to all enrolled individuals.

**Behavior Disclosure**

The clergy, counselors, and staff will do everything possible to help campers adjust to camp life. However, the Youth Camp reserves the right to send home anyone who exhibits inappropriate behavior. In this event, the camper’s parent or guardian is responsible for picking up the camper from camp; and no refund will be made.

**Danger Disclosure**

While the youth retreat program is generally quiet, campers may participate voluntarily in sporting activities including field games such as Ultimate Frisbee, Soccer, and Capture the Flag. Even though these are “non-contact” sports, they have inherent risks from fall or collision ranging from pulled muscles to broken bones and even death. Although these activities are supervised by our staff, they still involve risk. Campers may also elect to go hiking, which presents the possible risk of injury from falling or exposure.

While we are prudent, we believe it important to inform you of these risks. If you and/or your child do not want to participate in any of the physical activities at camp (especially the high ropes), please notify us prior to the beginning of the program.

**Packing List**

* Holy Bible and 1928 Book of Common Prayer
* Bring a sleeping bag and a pillow
* Jacket and other warm clothing (it can get cool at night and rain is likely)
* 2 Towels - 1 shower; 1 outside
* **Bring a hat!!!**
* Clothes for 4 days:
  + Include pants and some warm clothes
  + Swimsuit
  + Shorts
  + Socks/underwear
  + Pajamas
* Toiletries
  + Include shower necessities
  + Sunscreen/lotion/bug spray
  + Toothbrush/toothpaste
* Flashlight
* Tennis shoes/hiking shoes
* Any medicine or prescriptions (if necessary)
* The use of cell phones will be monitored and limited as staff sees fit

**Please do not bring any food items, candy, or drinks.**

**VIDEO GAMES, GAMING CONSOLES, iPODs, COMPUTERS, TABLETS, iPADs, MP3 PLAYERS & PERSONAL STEREOS, or DVD PLAYER, MAY NOT BE BROUGHT TO CAMP (It’s camp)**

**Please fill out the two-page form below. Use Word as a template and return to**

**stjamesapck@gmail.com.**

**And send a hard copy to Fr. Dan Canda @ 6937 W 83rd Way, Arvada, CO 80003**

**The Liability Waiver needs to be brought to camp – or emailed to Fr. Dan Canda @ stjamesapck@gmail.com**

**ST. WOLBODO YOUTH RETREAT REGISTRATION FORM**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Male [ ] Female

Age: (arrival at camp)\_\_\_\_\_\_\_\_\_\_\_\_ Tee Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, notify:

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

Day phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from camper):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--or—

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

Day phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from camper):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Information Immunizations (dates):

Tetanus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies? (If so, please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reactions to any drugs? (If so, please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary modifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: No medication (prescription or over-the-counter) will be administered unless the parent or guardian provides (1) The medication in the original container, and (2) A written authorization with dosage instructions.

Parent/Guardian Statement

I acknowledge that I have read this form entirely, including the Danger Disclosure, and understand its contents. I give my permission for the registered person to attend the Bishop Morse Youth Camp. To the best of my knowledge and belief, this person is healthy and fit for an active camp program, and all information contained on the registration form is correct.

I have read the Danger Disclosure outlined in the brochure and agree not to hold the Bishop Morse Youth Camp of the Anglican Province of Christ the King, its Director, and/or Staff liable for any accident, injury, and/or damage that occurs excepting those caused by their gross negligence.

In the event of a medical emergency, I understand that every effort will be made to contact a responsible parent or guardian of this person after immediate medical needs have been met.

I hereby give permission to the Anglican Province of Christ the King Camp Directors and attending Physician, who may select to secure proper medical treatment, to hospitalize and/or to order any injection(s), anesthesia, medications or operations that may be urgently needed and necessary for this person. I will not hold the Anglican Province of Christ the King Camp Directors and/ or staff liable for any emergency treatment given.

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

Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_