

Valley View Bible Camp - 2009 Registration Form

ONE FORM PER CAMPER - NOTE: Complete this form for your child - Parent/Guardian's signature is required on the backside of this form.

Camper's Name: _____ Gender: Male Female

Birthdate (m) ____ (d) ____ (y) _____ Age (as of July 1'09): ____ How did you hear about this camp? _____

Address: _____ City/Prov: _____

Postal Code: _____ Phone: () - _____ - _____

Returning Camper? Yes No Cabin Mate Request: _____
(Request only one - must be requested on both camper forms)

Parent/Guardian's Name: _____

Relation To Child: _____ Email: _____

Home Phone: () - _____ - _____ Work: () - _____ - _____ Cell: () - _____ - _____

Church Attending: _____

T-SHIRT SIZE (size you choose is size you get) - Youth: S M L Adult: S M L Larger Size? ____

CAMP DATES & FEES		CAMP CHOICE	SKILL SELECTION (# in order of preference)	
SQUIRT	July 2-4/\$86	1) Camp: _____ Dates: _____	_____ Crafts	_____ Drama
JUNIOR TEEN	July 5-11/\$190		_____ Riflery	_____ Horsemanship
PRETEEN 1	July 12-18/\$190	2) Camp: _____ Dates: _____	_____ Archery	_____ Swimming
INTERMEDIATE 1	July 19-25/\$190		_____ Sports	_____ Wilderness Camping
JUNIORS	July 26-31/\$180			
FAMILY CAMP	July 31-Aug.3			
INTERMEDIATE 2	Aug. 3-8/\$180			
PRETEEN 2	Aug. 9-15/\$190			
SENIOR TEEN	Aug. 16-22/\$190			
LDP	July 5-25			

Medical Information/History *(PLEASE PRINT CLEARLY)*

MEDICAL NUMBERS: FAMILY: ____ PERSONAL (camper's): ____

Doctor's Name: _____ Doctor's Phone: () - _____ - _____

Allergies: Yes No If you answered "yes", please explain: _____

Health Issues: _____

Behavioral Issues that camp should be aware of: _____

Medications: _____ Date of last tetanus immunization? _____

- Yes: I grant Valley View Bible Camp to administer medication(s) to my child.
 Yes: I grant Valley View Bible Camp to administer over-the-counter medications to my child is necessary.

Alternate Contact (other than main contact): _____

Relationship To Child: _____

Phone (other than main contact): () - _____ - _____

PLEASE NOTE:
 All medications must be brought to camp in their original containers. A pharmacist can be requested to re-dispense medications into smaller containers.

PAYMENT OPTIONS - Please choose one of the following...

OPTION A	TOTAL Registration fee: _____	OPTION B	Non-Refundable deposit: <u> \$35.00 </u>
	DUE BY: June 15'09 (Camp rate includes \$35 non-refundable deposit)		\$15 Late Fee (AAfter June 15'09): _____
	\$15 Late Fee (After June 15'09) _____		Donation: _____
	Donation: _____		Total Enclosed: _____
	Total Enclosed: _____		Balance of Registration (DUE June 15'09): _____

Yes, I would like to request a receipt. **NOTE: AN NSF CHEQUE WILL CANCEL YOUR REGISTRATION**

SEND FORMS & FEES TO: Valley View Bible Camp/Registration, Box 430, MacGregor, MB R0H 0R0

CANCELLATION POLICY: Where cancellation is made two weeks prior to the session, the fees less the deposit (\$35) will be refunded. If less than two weeks prior to the session, no refund, except for medical emergencies.

SIGNATURE REQUIRED ON BACK OF FORM.

FOR SUMMER CAMP REGISTRATIONS, PARENT/GUARDIAN MUST READ & SIGN THE FOLLOWING:

PRIVACY ACT: I agree to allow photographs or videos of camp activities, which may include the child in my care, to be used in camp promotional materials or brochures.

I agree to allow Valley View Bible Camp to mail correspondence pertaining to the Camp's ministry.

I agree to allow Valley View Bible Camp to share personal information (name, phone #, address) with churches affiliated with Valley View Bible Camp and CSSM Ministries.

The Camp Director reserves the right to dismiss my camper who, in his/her opinion, is not conforming to the reasonable regulations of the camp.

I agree that I will arrange transportation home for the child in my care, if needed. I have read this application form and hereby accept the conditions of enrolment.

To the best of my knowledge my child is in good health. In the case of medical emergency, I understand every effort will be made by the camp to contact parents/guardians. I hereby give permission for the Camp Director to authorize the Camp medical staff to:

- 1) Administer over the counter medications to my son/daughter.
- 2) Give permission to a selected medical physician to hospitalize and secure proper treatment, order injections, anaesthesia or surgery for my child as named above. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance. I understand the inherent risks and dangers of a camp program and will not hold the camp or its agents liable for injury sustained by my child during the camp program.

Parent/guardian's signature (REQUIRED)

Date

2009 FAMILY CAMP Registration Form - Valley View

Begins Friday July 31st, dinner @ 6pm - Ends on Monday Aug. 3rd (with a brunch)

Name: _____

Address: _____ City/Prov: _____

Postal Code: _____ Phone: () - _____ - _____ Number Attending: _____

Please list names and ages of children coming:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

ACCOMODATION

(Is available on a first come first serve basis)

Is accomodation required? Yes No

Cabin/Lodge Bringing Trailer Bringing Tent

Amount Enclosed: \$ _____

Yes, I would like to request a receipt.

SEND FAMILY CAMP REGISTRATION FORM & FEES TO:

FAMILY CAMP - Valley View Bible Camp, Box 430, MacGregor, MB R0H 0R0
(204) 885-3066

CANCELLATION POLICY: Where cancellation is made two weeks prior to the session, the fees less the deposit (\$35) will be refunded. If less than two weeks prior to the session, no refund, except for medical emergencies.