



Leadership Development Program

Application Form

General Information

Name _____ Age _____ Birth date (M/D/Y) ____/____/____

Mailing address _____

City _____ Province _____ Postal Code _____

Phone (Primary) _____ Email _____

School _____ Grade completed (as of June) _____

Name of Parents _____ T-Shirt size _____

Home Church _____ Pastor _____ Church Phone _____

Emergency Contact _____ Phone Number _____

Have you been a camper at Valley View Bible Camp before? Yes ____ No ____ which year(s)? _____

Medical Information

Manitoba Medical Numbers Family __/__/__/__/__ Personal __/__/__/__/__/__/__

Family Doctor _____ Phone Number _____

Do you have any serious health problems? _____

Medications _____ Allergies _____

Last Tetanus Immunization _____

- Yes, I grant Valley View Bible Camp to administer over-the-counter medications to my child
- Yes, I grant Valley View Bible Camp to administer prescribed medications to my child

Personal Information – Please include the following on a separate piece of paper.

- 1) Describe your childhood and family life.
- 2) Explain how you came to a personal faith in Jesus Christ.
- 3) What has caused the most growth in your spiritual life and how are you presently growing?
- 4) What are your interests? What do you enjoy doing?
- 5) Describe your personality.
- 6) What do you see as your strengths and weaknesses?
- 7) Why do you want to participate in the LDP this summer?

References – Include one pastor/youth pastor and one adult acquaintance who is not a relative.

1) Name _____ Phone _____

Address _____

2) Name _____ Phone _____

Address _____

Commitment

I hereby affirm my loyalty to this program and, if accepted, will try to cheerfully comply with the directives given me by the camp and its leaders. I will try to conduct myself in all areas of life and ministry, in a manner honouring to God. Signature _____ Date _____

Application Process Checklist – Incomplete applications will slow down the application process.

- ___ Application Form (MUST BE SIGNED)
- ___ Separate paper with Personal Information questions answered
- ___ Parent Permission Form & Assumption of Risk Form (MUST BE SIGNED)
- ___ A Recent photo of yourself
- ___ Name, phone number, and address of 2 personal references

Send your application form to: LDP Application Fax: (204) 685-2999
 Valley View Bible Camp Email: info@valleyviewbiblecamp.com
 PO Box 430
 MacGregor, MB R0H 0R0

If accepted to the Leadership Development Program (LDP), registration fees are due upon confirmation. The cost for the program is \$360. A \$20 discount can be applied if registered before May 1st (Tuck is included in the registration fee). It is expected that participants will attend all three weeks of LDP. If you have any questions please feel free to contact us at (204) 685-2999.

PARENT/GUARDIAN PERMISSION FORM
– PLEASE READ PRIOR TO REGISTERING –

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Valley View Bible Camp and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I agree to allow Valley View Bible Camp to share my name, address & phone number with staff & churches affiliated with the camp.

Valley View Bible Camp reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

Valley View Bible Camp reserves the right to cancel any week of camp and give a 100% refund.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

Childs Name _____

Parent/Guardian Signature _____ Date _____

Valley View Bible Camp & One Hope Ministries of Canada

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

WARNING! By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

1. This is a binding legal agreement; therefore clarify any questions or concerns **before** signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Valley View Bible Camp and One Hope Ministries of Canada (collectively the "Events"), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the "Parties") acknowledge and agree to the following terms:

Disclaimer

2. Valley View Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

Description of Risks

3. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant's participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. **The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment:**

Archery	Flag/Touch Football	Paintball	Rodeo	Swimming – Waterfront
Arts and Crafts	Giant Swing	Rifle Range	Ropes Course	Volleyball
Basketball	Hiking	Performing Arts	Photography	Zip Lining
Canoeing	Human Foosball	Dance	Soccer	Culinary
Gaga Ball	Wide Field Games	Horsemanship		

4. The risks, dangers, and hazards also include, but are not limited to, injuries from:

- a) Failing to comply with the rules established for participation
- b) Bad weather conditions including hypothermia, sunstroke, or dehydration
- c) Vigorous physical exertion, rapid movements, and quick turns and stop
- d) Failing to remain within designated areas and supervised activities

Furthermore, the Parties are aware:

- a) That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
- b) That the Participant's risk of injury increases as he or she becomes fatigued.

Release of Liability

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:
- a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
 - b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation with the Organization and/or in the Events, or from the physical risks associated with same.

Acknowledgement

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

Printed Name of Participant
(Ages 13-17 only)

Signature of Participant

Date of Birth

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date