

COMPLETE BOTH SIDES OF THIS FORM • PLEASE PRINT CLEARLY



*"And the Good News about the Kingdom will be preached throughout the whole world, so that all nations will hear it; and then the end will come."
Matthew 24:14 (NLT)*

2018 REGISTRATION FORM

MAIL COMPLETED FORMS TO:
Valley View Bible Camp, Box 430, MacGregor, MB R0H 0R0

Phone/Fax: (204) 685-2999 Email: info@valleyviewbiblecamp.com

www.valleyviewbiblecamp.com

Additional registration forms available online.

OFFICE USE ONLY

Date Received: _____ Confirmation: _____

Balance Owning: _____ Balance Paid: _____

Other: _____

EMERGENCY CONTACT - VERY IMPORTANT

A relative or friend to contact in the event that the parent/guardian cannot be reached.

This needs to be **different** than the contact in the **CAMPER INFORMATION SECTION**.

Name: _____

Relationship to Child: _____

Phone: () _____ - _____

CAMPER INFORMATION

Camper Name: _____

Female Male Birthday: _____ / _____ / _____ Age: _____
month day year

Mailing Address: _____

City: _____ Province: _____

Postal Code _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Work Phone: () _____ - _____

Parent/Guardian Name: _____

Relationship to Child: _____

Parent Email: _____

(please print legibly - a confirmation letter will be sent to this email address)

I request my cabin mate to be (must be pre-arranged, maximum 1)

Returning Camper: Yes No

CIRCLE T-SHIRT SIZE

YOUTH: S M L
or ADULT: S M L XL 2XL

MEDICAL INFORMATION

Family Doctor: _____

Phone: () _____ - _____

MEDICAL HEALTH NUMBERS

Family #: _____ (6 digits)

Personal #: _____ (9 digits)

Health Issues: _____

Medications: _____

Yes, I grant Valley View Bible Camp permission to administer medication(s) to my child.

Yes, I grant Valley View Bible Camp permission to administer over-the-counter medication(s) to my child (ie: Tylenol, Advil, Benedryl, etc)

PLEASE NOTE: All medications/puffers/injections brought to camp must be given to the health officer. ALL medication including vitamins, over the counter medication, and prescription medication **MUST** be in their original containers or in blister packs filled by a pharmacist. Medication not in the original containers or in blister packs will not be dispensed.

Allergies: _____ Date of last tetanus shot (DPT): _____

Other concerns we need to know about to assist the camper (ADHD, bed wetting, developmental or physical needs, etc)

Would this camper benefit from a one-on-one cabin leader? _____

CAMP SELECTION

Please check the camp of your choice. Limited to one camp per child

CLASSIC CAMPS

Camp Week	Dates	Ages	Price
<input type="checkbox"/> Senior Teen	July 1-6	14-17	\$245
<input type="checkbox"/> Intermediate	July 8-13	8-10	\$245
<input type="checkbox"/> Junior Teen	July 15-20	12-14	\$245
<input type="checkbox"/> Intermediate 2	July 22-27	9-11	\$245
<input type="checkbox"/> Squirts	Jul 31-Aug 2	5-7	\$125
<input type="checkbox"/> Junior	Aug 6-10	7-9	\$225
<input type="checkbox"/> Intermediate 3	Aug 12-17	11-13	\$245
<input type="checkbox"/> Designated UGM	Aug 19-24		

SPECIALTY CAMPS

<input type="checkbox"/> Trail Horse	July 1-6	14-17	\$270
<input type="checkbox"/> Trot Horse 1	July 11-13	9-11	\$140
<input type="checkbox"/> Advanced Gallop	July 15-20	14-15	\$270
<input type="checkbox"/> Gallop Horse 1	July 22-27	12-14	\$270
<input type="checkbox"/> Trot Horse 2	Jul 31-Aug 2	9-11	\$140
<input type="checkbox"/> Trot Horse 3	Aug 8-10	9-11	\$140
<input type="checkbox"/> Gallop Horse 2	Aug 12-17	12-14	\$270

DEVELOPMENT PROGRAMS

<input type="checkbox"/> LDP <i>(Requires Additional Application)</i>	Aug 6-24	15-17	\$365
<input type="checkbox"/> SDP 1	July 1-6	14+	\$60
<input type="checkbox"/> SDP 2	July 8-13	14+	\$60
<input type="checkbox"/> SDP 3	July 15-20	14+	\$60
<input type="checkbox"/> SDP 4	July 22-27	14+	\$60
<input type="checkbox"/> SDP 5	Jul 31-Aug 2	14+	\$30
<input type="checkbox"/> SDP 6	Aug 6-10	14+	\$60
<input type="checkbox"/> SDP 7	Aug 12-17	14+	\$60
<input type="checkbox"/> SDP 8	Aug 19-24	14+	\$60

SKILL SELECTION

All Classic Campers will be able to experience all skills offered for their week of attendance. No more having to pick and choose favorites, you get to enjoy them all! Note: Jr & Sr Teen campers will have some choice skill options during their week.

Camp Fee: \$ _____

Donation: \$ _____

\$20 Discount: \$ _____

(Must be registered and paid in full by May 1st. Not Applicable for SDP or Family Camp)

TOTAL ENCLOSED: \$ _____

(A minimum non-refundable \$50 deposit must be enclosed)

Please make cheque or Money Order payable to:
Valley View Bible Camp

I ATTEND A:	Monthly+	Occasionally	Never
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VALLEY VIEW BIBLE CAMP AND 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, Rodeo, Canoeing, Arts and Crafts, Ropes Course, Hiking, Paintball, Soccer, Volleyball, Rifle Range, Basketball, Performing Arts, Photography, Swimming-Waterfront, Zipline, Human Foosball, Dance, Horsemanship, Culinary, Gaga Ball, Wide Field Games.

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

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

Furthermore, the Parties are aware:

- That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
- 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:

- 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
- 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 Child

Signature of Child (ages 13-17 only)

Date of Birth

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date Signed

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 not accept any participant that is infected with lice. The participant may be accepted once the lice have been treated.

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

Child's Name

Parent/Guardian Signature

Date Signed



Valley View Bible Camp is one of 38 traditional, non-deominational, non-profit, evangelical Christian camps owned and operated by One Hope Canada. (www.onehopecanada.ca)

CANCELLATION POLICY: With the exception of a medical emergency, cancellations can be made no later than two weeks prior to camp session, and are eligible to receive a refund less the \$50 deposit.