

2024 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

Camper Name: _____

M F Age: _____ Birthday: mm/dd/yyyy Previous Camper? Yes No

Guardian/Parent: _____

Phone Numbers: _____

Mailing Address: _____ City: _____ Postal Code: _____

E-mail: _____

Secondary Emergency Contact: _____

Relationship: _____ Phone Numbers: _____

Cabin Mate Request (one only): _____

MEDICAL INFORMATION

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.

Family Health # (6 digit): _____ Personal Health # (9 digit): _____

Allergies and/or Dietary Restrictions: _____

Health Issues: _____

Other Concerns (ADHD, bed wetting, developmental or physical needs, etc): _____

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

How did you hear about us? Tubing Hill Other (please explain) _____

CLASSIC CAMP <i>(one camp per child)</i>	<i>(Limited to</i>	Dates	Ages	Cost
<input type="checkbox"/> Squirts		July 3-5	5-7	\$150
<input type="checkbox"/> Senior Teen		July 7-12	14-17	\$295
<input type="checkbox"/> Intermediate 1		July 14-19	8-10	\$295
<input type="checkbox"/> Junior Teen		July 21-26	12-14	\$295
<input type="checkbox"/> Intermediate 2		July 28 - Aug. 2	9-11	\$295
<input type="checkbox"/> Junior		Aug. 6-9	7-9	\$200
<input type="checkbox"/> Intermediate 3		Aug. 11-16	10-12	\$295
<input type="checkbox"/> Designated UGM		Aug. 18-22	8-12	
SPECIALTY CAMP <i>(Limited to one camp per child)</i>		Dates	Ages	Cost
<input type="checkbox"/> Trot Horse 1		July 3-5	10-12	\$180
<input type="checkbox"/> Advanced Gallop		July 7-12	14-17	\$320
<input type="checkbox"/> Gallop Horse 1		July 14-19	12-14	\$320
<input type="checkbox"/> Gallop Horse 2		July 21-26	12-14	\$320
<input type="checkbox"/> Trot Horse 2		July 28-30	10-12	\$180
<input type="checkbox"/> Trot Horse 3		July 31-Aug. 2	10-12	\$180
<input type="checkbox"/> Advanced Trot		Aug. 6-9	11-13	\$220
<input type="checkbox"/> Gallop Horse 3		Aug. 11-16	12-14	\$320
<input type="checkbox"/> Trail Horse		Aug. 18-22	15-17	\$320
<input type="checkbox"/> Leadership Development Program		Aug. 6-22	15-17	\$400
<input type="checkbox"/> Servanthood Development Program		All Weeks	14-17	\$80/50

Camp Fee: Total Enclosed:

\$ _____ \$ _____

Please note that a spot is considered reserved only once payment has been received. If needing financial assistance, please contact us.

Only pay for one week of camp. Additional weeks can be requested by contacting the camp. If not paying in full at this time, a minimum non-refundable \$50 deposit must be enclosed.

Please make cheque payable to:

Valley View Bible Camp

E-transfer to: info@valleyviewbiblecamp.com
no password necessary

Cancellation Policy:

With the exception of a medical emergency, cancellations can be made no later than two weeks prior to camp session, and will be subject to a \$50 administration fee deducted from refund.

I ATTEND:	Monthly+	Occasionally	Never
Church			
Youth Group			
Christian Club			

T-Shirt Size			
<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large	
<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> Extra Large

VALLEY VIEW BIBLE CAMP & ONE HOPE CANADA MINISTRIES

INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

IN CONSIDERATION of being permitted to participate in any way at Valley View Bible Camp, operated by One Hope Ministries of Canada, I acknowledge, understand, and agree:

1. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I assume all risks related to the use of any and all spaces used by the ministry point.
2. To release from responsibility, the ministry point, including all missionaries, full-time and part-time, paid or volunteer, and the facilities used from any cause of action, claims, or demands now, and in the future that might arise out of the participant's participation in activities at the ministry point or from the physical risks associated with the activities.
3. I accept all risks relating to such activities including personal injury such as: cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur on the camp premises. **I understand these risks and will not hold the ministry point liable for any such injury.**
4. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behaviour in addition to any damage I may cause to the facilities utilized by the ministry point.

I have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms and the risks I am assuming by signing it, and sign it freely and voluntarily.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

PARENT/GUARDIAN PERMISSION FORM

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 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 the sharing of photographs and videos with ministry partners of One Hope Canada.

I agree to allow Valley View Bible Camp to share my name, address & phone number with personnel & 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.

I give permission for the camp to administer over-the-counter medicines/medications to my child.

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(REN) 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.

Initial

Please initial to indicate whether you give permission to our missionaries to stay in contact with your son or daughter. If you wish to discuss this further, please contact the camp director by phone or email. If you wish to withdraw your permission, please contact the camp immediately to notify the camp director. For more information, please visit insafehands.ca.

I agree to allow my child to download and use the One Hope Canada FaithSpark app, so that he/she can participate in live events, camp and cabin chats.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

To view One Hope Canada's Privacy Policy, please visit: www.onehopecanada.ca/privacypolicy/