



# REGISTRATION FORM 2019

PLEASE PRINT CLEARLY - One form and one payment per camper

## CAMPER INFORMATION

last name: \_\_\_\_\_ first name: \_\_\_\_\_

mailing address: \_\_\_\_\_

town \_\_\_\_\_ prov: \_\_\_\_\_ postal code: \_\_\_\_\_

gender: male \_\_\_\_\_ female \_\_\_\_\_

birth date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ age \_\_\_\_\_

**parent** or guardian name (first) \_\_\_\_\_ (last) \_\_\_\_\_

home phone # \_\_\_\_\_ work phone # \_\_\_\_\_

cell phone # \_\_\_\_\_

email \_\_\_\_\_

**2<sup>nd</sup> parent** or guardian name (first) \_\_\_\_\_ (last) \_\_\_\_\_

home phone # \_\_\_\_\_ work phone # \_\_\_\_\_

cell phone # \_\_\_\_\_

email \_\_\_\_\_

**Cabin mates** choice 1 \_\_\_\_\_

choice 2 \_\_\_\_\_

## CAMPER MEDICAL CARE FORM

medical insurance # \_\_\_\_\_ prov \_\_\_\_\_

*please indicate if camper has following:*

- headaches
- fainting
- epilepsy
- diabetes
- asthma
- shortness of breath
- allergies (specify) \_\_\_\_\_
- reaction to penicillin \_\_\_\_\_
- reaction to other drugs \_\_\_\_\_
- bed wetting
- ADD or ADHD      Level of Support Required \_\_\_\_\_
- Autism Spectrum      Level of Support Required \_\_\_\_\_
- FASD      Level of Support Required \_\_\_\_\_
- other (specify) \_\_\_\_\_

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

All medications—prescription and nonprescription—are required to be left with the designated camp first aid personnel at registration. **All prescription medication must be provided in blister packs** (can be arranged at any pharmacy).

## CAMPER EMERGENCY CONTACT INFORMATION

List an emergency contact *other than parents or guardian* in case parents cannot be reached first.

first name \_\_\_\_\_ last name \_\_\_\_\_

phone number \_\_\_\_\_

cell phone number \_\_\_\_\_

## CAMP INFORMATION

Choose One	Dates	Age	Fee Includes GST and Tuck
<input type="checkbox"/> 50+ Camp	June 10-12	all ages	\$78 per person
<input type="checkbox"/> Family Camp <b>Weekend</b>	June 21-23	all ages	Choose One
			<input type="checkbox"/> 1 person \$70
			<input type="checkbox"/> 2 persons \$140
<input type="checkbox"/> 3 or more \$210			
<input type="checkbox"/> Junior # 1	July 1-6	ages 9-11	\$262
<input type="checkbox"/> Intermediate # 1	July 8-13	ages 12-14	\$323
<input type="checkbox"/> Junior # 2	July 15-20	ages 9-11	\$273
<input type="checkbox"/> BOLD training #1	July 15-20	ages 15-18	\$78
<input type="checkbox"/> Teen Camp	July 21-27	ages 15-18	\$342
<input type="checkbox"/> Squirt	July 29-Aug 1	ages 7-8	\$220
<input type="checkbox"/> Intermediate # 2	Aug 5-10	ages 12-14	\$323
<input type="checkbox"/> Junior # 3	Aug 12-17	ages 9-11	\$273
<input type="checkbox"/> BOLD training #2	Aug 12-17	ages 15-18	\$78
<input type="checkbox"/> Family Camp <b>Week</b>	Aug 18-23	all ages	Choose One (tuck not included)
			<input type="checkbox"/> 1 person - \$130
			<input type="checkbox"/> 2 persons- \$260
<input type="checkbox"/> 3 or more \$390			
<input type="checkbox"/> T-Shirt			\$20

- IMPORTANT:** Please enclose one cheque or payment for each camper (except Family Camps and 50 +)
- A \$50 non-refundable deposit/camper (refundable with a doctors note) is required to register and if you pay the full amount owing, you will avoid the cashier on registration day.
  - Family rate is as follows: the 1st and 2nd child pay full fee on the highest priced sessions; additional children in the same family receive a \$25 reduction per child in fees.
  - All donations will receive tax receipts.

	Total	T-Shirt size
Camper Fee	\$	<b>youth</b>
T-Shirt	\$	<input type="checkbox"/> small
Donation (optional)	\$	<input type="checkbox"/> medium
Family Rate 3 <sup>rd</sup> or more child -\$25.00	\$	<input type="checkbox"/> large
Pre Registration fee \$50.00 only	\$	<b>adult</b>
Total Amount	\$	<input type="checkbox"/> small
		<input type="checkbox"/> medium
		<input type="checkbox"/> large
		<input type="checkbox"/> xLarge

**BEFORE MAILING THIS FORM, PLEASE MAKE SURE YOU HAVE:**

- 1) Read "How to Register" in the brochure.
- 2) Signed and returned with Registration
  - o. Parent/ guardian permission AND
  - o Informed Consent and Assumption of Risk
- 3) Enclose a minimum pre-registration

**OFFICE USE ONLY**

date \_\_\_\_\_  
 amt paid \_\_\_\_\_  
 chq # \_\_\_\_\_  
 amt owing \_\_\_\_\_

**SKILLS SIGN UP**

(Squirt Camp does not need to choose skills)  
 Select top 4 in order of preference – you will get 3

- \_\_\_ Swimming
- \_\_\_ Canoeing/Kayaking
- \_\_\_ Archery
- \_\_\_ Crafts
- \_\_\_ Wall Climbing
- \_\_\_ Sports
- \_\_\_ Survival Skills(FORC)
- \_\_\_ RC Racing
- \_\_\_ Drama
- \_\_\_ Skateboarding/BMX.
- \_\_\_ Pelletry
- \_\_\_ Horsemanship (MUST BE 10 years or older on first day of camp)

**For Intermediate and Teen Camps Only:**

- \_\_\_ Paintball
- \_\_\_ Riflery
- \_\_\_ Water-Skiing/Wakeboarding/Tubing



## Manitou Lake Bible Camp & One Hope Ministries of Canada

### PARENT/GUARDIAN PERMISSION FORM

– PLEASE READ PRIOR TO REGISTERING –

#### Initials

\_\_\_\_\_ 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 Manitou Lake 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 without limitation brochures, CDs, DVDs, the camp website and newsletters.

\_\_\_\_\_ 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.

\_\_\_\_\_ I agree to allow Manitou Lake Bible Camp to share my name, address & phone number with staff & churches affiliated with the camp

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\*\*\* Manitou Lake Bible Camp and One Hope Canada reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

\*\*\* Manitou Lake Bible Camp reserves the right to cancel any week of camp and give a 100% refund.

\*\*\* We count it a privilege that you sent your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing summer staff team, and our staff loves to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel session and cabin devotionals. As part of our child and youth protection policy ([www.insafehands.ca](http://www.insafehands.ca)) we are committed to honouring you as a parent/guardian and to asking your permission before any contact occurs between campers and our staff (Facebook, Twitter, phone calls, etc.). Our staff would be honoured to be able to continue to stay involved in your child or youth's life after camp. Please sign below to indicate whether or not you give permission to our staff 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 (please see camp website for contact information). If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



## 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 Manitou Lake 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. Manitou Lake 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	Canoeing	Knee boarding	Skateboarding	Volleyball
Arts and Crafts	Flag/Touch Football	Paintball	Soccer	Wall/Rock Climbing
Baseball	Floor Hockey	Performing Arts	Swimming – Waterfront	
Basketball	Geocaching/Hiking	Outdoor Cooking	Tubing	
BMX Biking	Horseback Riding	Rifle Range	Wakeboarding/Waterskiing	

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
  - e. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
  - f. Contact, colliding, falling or being struck by other participants, equipment or the ground
  - g. Blindness, deafness, spinal cord injuries which may render me permanently paralyzed and death
  - h. Travel to and from Events which are an integral part of the Organization's Events

**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.
  - c. That injuries sustained can be severe;

### 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.

**PARTICIPANT NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_