

OFFICE USE ONLY	
DATE RECEIVED _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
AMOUNT RECEIVED _____	CHEQUE NUMBER _____

# Summer Camp Registration Form

-Please complete this form and return it to SMBC together with your non-refundable deposit to reserve a camper spot. The balance is due on August 16th.  
 -The church will provide an acceptance package which will include further instructions such as when/where to meet, and what to bring.  
 -Need an extra registration form? Look under "Partnership Program" at [pembinavalleybiblecamp.com](http://pembinavalleybiblecamp.com)!

## CAMPER INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ AGE AT CAMP \_\_\_\_\_  
MONTH DAY YEAR

GENDER  MALE  FEMALE    TSHIRT SIZE  S  M  L  XL  XXL

MAILING ADDRESS \_\_\_\_\_  
STREET ADDRESS/P.O. BOX CITY PROV POSTAL CODE

PARENT(S)/GUARDIAN(S) FULL NAME \_\_\_\_\_  
 HOME ☎ \_\_\_\_\_ WORK ☎ \_\_\_\_\_ CELL ☎ \_\_\_\_\_  
 EMAIL \_\_\_\_\_ SEND NEWSLETTER:  MAIL  EMAIL  NO THANKS

CABIN MATE REQUEST \_\_\_\_\_ CAMPER EMAIL \_\_\_\_\_  
PLEASE CONFIRM WITH OTHER PARENTS. ONLY ONE CABIN MATE REQUEST PER CAMPER.

GRADE IN SEPT 2010  7  8  9

I WAS INVITED BY \_\_\_\_\_ FROM SMBC

## WAIVER AND CONDITIONS OF ENROLLMENT

- The Camp Director reserves the right to dismiss a camper who is in his opinion a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of camp. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Possession or use of tobacco products, non-prescription drugs, and alcohol are strictly prohibited and will result in immediate dismissal. I assume financial responsibility for my child's actions which may cause any damage to camp or other's property.
- The parent or guardians submitting this form are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated to the camp in writing, including a photocopy of the section of any court order referring to visitation rights.
- While every precaution is taken for the safety and good health of campers, Pembina Valley Bible Camp, its directors and staff, or the employees of facilities outside the campgrounds, are hereby released from any and all liability in the event of an illness, accident, or misfortune that may occur to the applicant camper. Each camper must be covered by Provincial Health or equivalent medical insurance.
- The signature of the parent/guardian on this form shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper, and shall give the camp director the right to approve and obtain medical attention necessary for the camper's welfare and good health (excluding anesthesia or surgery). In such situations the camp will notify the parents/guardians as soon as possible. The parents/guardians are responsible for any additional expense that may result for such services. I give my permission for my child to participate in all camp activities, including equine, both on and off camp property, either by walking or riding in camp vehicles.
- I give my permission for any pictures/videos of my child taken during camp to be used for promotional purposes.
- I have read this form and I accept these conditions:

Date: \_\_\_\_\_ Signature of Parent / Guardian: \_\_\_\_\_

**PAYMENT INFO** TOTAL PAYMENT (ALL CHECKED BOXES) \$ \_\_\_\_\_

DEPOSIT (\$50.00): \$ \_\_\_\_\_  
 I WOULD LIKE TO HELP SEND YOUTH TO CAMP WITH A CAMPERSHIP FUND DONATION \$ \_\_\_\_\_

Send this form to:  
 Steinbach MB Church  
 340 Second Street  
 Steinbach, MB R5G 0T7  
 Ph. 204.326.3551  
 Fax. 204.326.6140  
[smbc@mts.net](mailto:smbc@mts.net)

## CAMPER MEDICAL INFORMATION

### CAMP REQUIREMENTS

- IN CASE OF SERIOUS ACCIDENT OR ILLNESS, EVERY PERSON MUST BE COVERED BY MANITOBA HEALTH OR EQUIVALENT POLICY
- ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER. PRESCRIPTION DRUGS MUST HAVE CAMPERS NAME ON THE PRESCRIPTION. NO DAILY ADMINISTRATION CONTAINERS PLEASE.
- WE REQUIRE ALL MEDICATIONS BE TURNED IN TO THE FIRST AID NURSE WHO WILL KEEP THEM IN A SECURE LOCATION AND BE RESPONSIBLE FOR ADMINISTERING THEM.

FAMILY DOCTOR \_\_\_\_\_ DOCTOR PHONE #: \_\_\_\_\_  
 FAMILY REG #: \_\_\_\_\_ PERSONAL HEALTH #: \_\_\_\_\_  
 MEDICAL # UNDER WHO'S NAME? \_\_\_\_\_

LIST ILLNESSES OR INJURIES RECEIVING MEDICAL ATTENTION IN THE LAST YEAR: \_\_\_\_\_

PLEASE LIST ANY CONTAGIOUS ILLNESSES YOUR CHILD MAY HAVE BEEN IN CONTACT WITH, OR DATE LAST PHYSICAL EXAM: \_\_\_\_\_ DATE LAST TETANUS SHOT: \_\_\_\_\_  
 IS CHILD CURRENTLY UNDER MEDICAL TREATMENT? (EXPLAIN) \_\_\_\_\_

IS CHILD ON A SPECIAL DIET? (EXPLAIN) \_\_\_\_\_

HAS CHILD EVER FAINTED: \_\_\_\_\_ IF SO, WHY? \_\_\_\_\_  
 LIST ANY ALLERGIES TO FOOD, DRUGS, OR MATERIALS: \_\_\_\_\_

NAME REACTIONS: \_\_\_\_\_

TREATMENT FOR REACTION: \_\_\_\_\_

### IF YOU HAVE AN OBJECTION TO YOUR CHILD TAKING ANY OF THE FOLLOWING MEDICATIONS PLEASE CHECK THEM:

COUGH SYRUP     DECONGESTANT     CHLORTRIPOLON     ADVIL  
 THROAT LOZENGES     PEPTO BISMOL     GRAVOL     TYLENOL

DOES YOUR CHILD HAVE A BED WETTING PROBLEM? \_\_\_\_\_  
 HAS CHILD HAD ANY MAJOR OPERATIONS (EXPLAIN): \_\_\_\_\_

ARE THERE ANY OTHER MAJOR MEDICAL CONDITIONS WE SHOULD BE AWARE OF? \_\_\_\_\_

LIST MEDICATIONS AND ADMINISTRATION TIMES FOR MEDICATIONS YOUR CHILD IS CURRENTLY TAKING: \_\_\_\_\_

EMERGENCY CONTACT: (IF PARENTS CANNOT BE CONTACTED)  
 NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_