

REGISTRATION FORM WILDERNESS CAMP



NAME PARENTS/GUARDIANS
 PHONE PHONE
 ADDRESS EMAIL
 CITY GRADE (SEPTEMBER)
 PROVINCE HOME CHURCH (IF YOU HAVE ONE)
 POSTAL CODE MALE FEMALE CABIN BUDDY CHOICE (ONLY 1, NOT GUARENTEED)
 BIRTHDATE

HEALTH DETAILS

HEALTH CARE #
 EMERGENCY CONTACT 1
 PHONE
 EMERGENCY CONTACT 2
 PHONE
 ALLERGIES/TREATMENT
 CURRENT MEDICATIONS
 BEHAVIOUR CONCERNS
 DISSABILITIES/TREATMENTS
 FAMILY DR
 PHONE FOR FAMILY DR

CAN WE DISPENSE TYLENOL, ADVIL, ALLERGY MEDICATION, COUGH SYRUP OR THROAT LOZENGES TO YOUR CHILD IF NECESSARY? Y N

PAYMENTS

<input type="checkbox"/> ELEMENTARY	GRADE 3-6 AGE 9-11	JULY 11-15	\$250.00
<input type="checkbox"/> YOUTH	GRADE 6-9 AGE 11-14	JULY 16-22	\$250.00
<input type="checkbox"/> YOUNG ADULT	GRADE 10+ AGE 15-24	JULY 22-24	\$125.00

REGISTRATION DEADLINE IS ONE WEEK BEFORE CAMP STARTS AND IS NON REFUNDABLE AFTER THE DEADLINE HAS BEEN REACHED

PAYMENT IS BEING SENT WITH THIS REGISTRATION FORM Y N

PAYMENT IS BEING MADE BY CHEQUE CASH DEBIT

I WOULD LIKE TO APPLY FOR SPONSORSHIP Y N

IF YES, YOU WILL BE CONTACTED BY VIA CAMP FOR FURTHER DETAILS

TUCK SHOP

RECOMENDED 1-3\$ PER DAY
FOR TREATS/SNACKS
MUST BE PREPAID UPON REGISTRATION

TUCK SHOP ITEMS INCLUDE:
TREATS/SNACKS, T-SHIRTS, HOODIES,
HATS, WATER BOTTLES ETC.

AMOUNT FOR TUCK ENCLOSED:

RELEASE FORM

Medical Release

To the best of my knowledge, the camper is in good health and fully able to participate in the camp program. I hereby give permission for authorised camp personnel to administer medications to my son/daughter as deemed medically necessary. In case of medical emergency, I hereby give permission to contact appropriate medical professionals to provide necessary treatment. Please note Via will contact the parent or guardian as soon as possible.

date

signature of parent/legal guardian

I, hereby acknowledge that while reasonable precautions shall be taken to ensure the good welfare and protection of camp participants, Via Camp, its directors, employees, volunteer staff members or facilities are hereby released from any and all liability in the event of any accident or misfortune that may occur to myself or my children while attending or travelling to or from a program offered by Via Camp.

I also acknowledge and agree:

- That activities and programs can be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of the sports themselves, others which result from human error and negligence on the part of the persons involved in preparing, organising and running the activity.
- That as a result of the aforesaid risks and hazards, I, or my child, may suffer serious personal injury, even death, and/or property loss.
- That some of the aforesaid risks and hazards are foreseeable, but others are not.
- That I have carefully read the Waiver and Release agreement, that I fully understand the same, and that I am freely and voluntarily executing the same.
- That this waiver and release agreement is binding on me, my heirs, my executors, and personal representatives.

I also hereby give permission to Via Camp to use photographs, slides or video of myself or my dependants for promotion purposes.

date

signature of parent/legal guardian