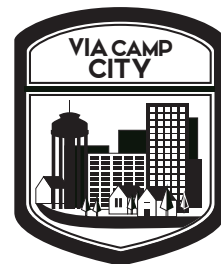


REGISTRATION FORM VIA CITY BIBLE CAMP

JULY 17-21 2017



INFORMATION

NAME _____

PHONE _____

ADDRESS _____

CITY _____

PROVINCE _____ POSTAL CODE _____

PARENTS/GUARDIAN _____

PHONE _____

EMAIL _____

MALE _____ FEMALE _____ BIRTHDATE _____

GRADE _____

(MUST BE BETWEEN MIN GOING INTO GR 1 AS OF SEPT TO MAX COMPLETED GR 6)

HOME CHURCH (IF YOU HAVE ONE) _____

T-SHIRT SIZE (YS, YM, YL, S, M, L, XL) _____

A DAY AT CAMP

8:45 - DROP OFF

9:00 - ACTIVITIES AT CHURCH

12:00 - LUNCH/TUCK SHOP

1:00 - ACTIVITIES AROUND CITY

4:00 - PICK UP

FRIDAY FINALE

12:00 CLOSING PARTY

ALL FAMILY INVITED

WHAT TO BRING?

PLEASE LABEL ALL ITEMS

A BAG LUNCH

EXTRA CLOTHES

SWIMMING GEAR & TOWEL

SUNSCREEN

WATER BOTTLE

RUNNING SHOES

BACKPACK & HAT

MONEY FOR TUCK SHOP SNACKS

HEALTH DETAILS

HEALTH CARE # _____

EMERGENCY CONTACT 1 _____

PHONE _____

EMERGENCY CONTACT 2 _____

PHONE _____

ALLERGIES/MEDICATIONS _____

PHYSICAL/MENTAL/BEHAVIOUR CONCERNS _____

PAYMENTS

REGISTRATION COST OF \$75 IS DUE 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 ***PLEASE HAVE ALL CONTACT INFO PROPERLY FILLED IN***

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