

**19twenty Church/Finnish Bethel Church  
Loon Lake Family Camp Registration & Waiver Form**

14500 Silver Valley Rd.  
Maple Ridge, BC

August 9-13, 2026

**GENERAL INFORMATION**

<b>Parent/Guardian #1 Name*:</b>		Telephone #*: Email*:
(If attending*) <b>Parent/Guardian #2 Name:</b>		Street Address*:
City* :	Province* :	Postal Code* :
<b>1st Child's Name*:</b>		(If attending*) <b>2nd Child's Name:</b>
Age*:		Age*:
(If attending*) <b>3rd Child's Name:</b>		(If attending*) <b>4th Child's Name:</b>
Age*:		Age*:
<b>Emergency Contact* :</b>		Telephone (h)* : Cell:
<b>Camp Fees:</b> Parent \$350 __ 1st Child: \$295 __ 2nd Child: \$275__ 3rd+ Child: \$250 __		
<b>Total:</b> \$_____ (cheques are payable to Finnish Bethel Church or e-transfer to acctsfbc@gmail.com)		
If you need financial assistance with church sponsorship please indicate here: _____		

**MEDICAL INFORMATION**

Name of Medical Doctor :	Telephone # :
Are there any allergies in your family*?    Yes            No	
If yes, please list who and what:	
Other Medical Conditions we need to be aware of* :    Yes            No	
If yes, please list:	

**IMPORTANT: WAIVER FORM MUST BE SIGNED**

Any other special needs we should we aware of:

**WAIVER FORM**

I/We as legal parents/guardians of our child/children understand that Loon Lake family Camp is a family orientated camp and it is my/our sole responsibility to look after our child's/children's well being. This is includes in all activities that we participate in such as swimming, canoeing, hiking, etc. In the event of an accident or illness I/We authorize the Physicians and Hospital staff to carry out any examination and treatment deemed necessary and advisable for the diagnosis and treatment of myself or a member of my family attending the camp and I agree to pay for all services as may be required.

**Date\* :**

**Parent/Guardian Signature\* :**

Camp does include programs for children include physical activities and in spite of adequate and safe supervision it is possible for accidents and injuries to occur causing bodily harm. By signing below I/We agree that this activity is suitable for myself and my family members attending camp.

I/We, the parents or legal guardians, release the Finnish Bethel Church/19twenty Church, staff, and volunteers, from any and all liability and claims resulting from injury, damage or loss that may be sustained by myself or my family members attending Loon Lake Family Camp.

Any personal belongings that I/we and my family bring to Loon Lake Family Camp is our sole responsibility and I/we release Finnish Bethel Church/19twenty Church, staff, and volunteers from any liability and claims of loss, damage, or theft.

**Date\* :**

**Parent/Guardian Signature\* :**

*All fields with an \* must be filled in.*