

CAMPER REGISTRATION FORM 2020

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ ☐ Male ☐ Female Age: _____

Birthday: _____ Grade in Fall 2020: _____
MM/DD/YY

Parent or Guardian: _____ Relation: _____

Church Affiliation: _____

Camper you would like to be in the same cabin with*: _____
*Have your friend put your name down on their form also. (one name only please)

Have you attended Pleasantview Bible Camp previously? ☐ Yes ☐ No

How did you hear about the camp? ☐ FBC Event ☐ Poster ☐ Friend
☐ School ☐ Other: _____

Parent's/Guardian's Email Address: _____

OFFICE USE ONLY

Rec'd. _____

Dep. _____

Fam. _____

Owing _____

Paintball _____

Tuck _____

Rec.# _____

Ent. _____

A.L. _____

Binder _____

☐ PF

Please check which camp you are applying for based on the grade you will enter in the fall of 2020:

Senior High \$320

- ☐ Senior High: July 5 - 11
(Grades 10, 11, 12)
→ Paintball ☐ Yes ☐ No
*Pick-Up Time: 11:00 a.m.

Junior High \$315

- ☐ Junior High 1: July 19 - 24
☐ Junior High 2: Aug. 9 - 14
(Grades 7, 8, 9)

Preteen \$315

- ☐ Preteen 1: July 12 - 17
☐ Preteen 2: July 26 - 31
(Grades 4, 5, 6)

Primary \$290

- ☐ Primary: Aug. 3 - 7
(Grades 2, 3, 4)

Tobacco products, alcohol, marijuana products and non-prescription drugs are NOT ALLOWED on the camp property and will be confiscated.

Avoid long lines on registration day by prepaying **ALL** fees, including tuck, for your campers.
PLEASE MAKE CHEQUES PAYABLE TO: PLEASANTVIEW BIBLE CAMP. (No post-dated cheques)

NOTE: DEPOSIT IS NON-REFUNDABLE AFTER JUNE 4, 2020 & TUCK MONEY IS NOT INCLUDED IN THE CAMP FEES.

Mail or drop-off completed form:

PLEASANTVIEW BIBLE CAMP
(At First Baptist Church Office)

3915 - 47 Avenue
Lloydminster, SK
S9V 2C7

Registration Deposit \$ _____
min. of \$60.00 per camper

Tuck \$ _____

Sr. High, Jr. High, Preteen: max. \$30.00 per camper
Primary: max. \$24.00 per camper

TOTAL AMOUNT ENCLOSED \$ _____

MEDICAL FORM (to be completed by Parent or Guardian)

Camper's Name: _____ ☐ Male ☐ Female

Health Care #: _____ Age: _____

Family Doctor: _____ Province: _____ Phone: _____

PERSON TO CONTACT IN CASE OF ACCIDENT OR ILLNESS:

Contact 1 Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Contact 2 Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Is the camper subject to: ☐ asthma ☐ epilepsy ☐ bed-wetting ☐ hay fever ☐ tonsillitis ☐ sinus allergy

☐ sleep walking ☐ diabetes ☐ heart condition ☐ discharging ear ☐ other: _____

Food allergies* (please specify): _____

Comments: _____

Any known drug allergies: ☐ No ☐ Yes - explain: _____

Attention Deficit Disorder: ☐ No ☐ Yes

Is the camper on any medication or receiving treatment? ☐ No ☐ Yes - Please specify: _____

Are the camper's immunizations up to date? ☐ No ☐ Yes

Is there anything else that we should know about your child's ability to participate in camp this summer? _____

CONSENT AND RELEASE - PLEASE READ CAREFULLY BEFORE SIGNING

ACTIVITIES: Pleasantview Bible Camp offer various activities at camps throughout the year. I consent to my child's possible participation in the following activities, amongst others. Please check off any activities you **DO NOT WANT** your child to participate in:

☐ canoeing/kayaking ☐ swimming ☐ horsemanship ☐ archery ☐ zip line ☐ sports ☐ riflery

☐ outdoor games ☐ crafts ☐ climbing wall ☐ disc golf ☐ RC cars ☐ outdoor pursuits

RELEASE: Unfortunately, there are risks involved when participating in any camp activity. These risks include physical injury and loss of or damage to personal property. I acknowledge that by signing this application, I accept these risks and release the camp and its staff from any liability for my child's injury or loss. I understand that I am voluntarily assuming responsibility for all risks of injury, loss or damage and am giving up any right to make a claim against the camp, its staff and its volunteers.

MEDICAL CONSENT: For the protection and safety of my child, I authorize the camp staff to provide and secure any necessary medical treatment, including ambulance and off-site accommodation, in the unlikely event of an emergency.

***FOOD ALLERGIES:** Due to the nature of camp, we are unable to guarantee that our menu or tuck shop will comply with food allergies.

PERSONAL ITEMS: We cannot be responsible for lost or stolen articles. Should you choose to bring anything of value with you to camp, you assume all risk.

MEMORIES MADE AT CAMP: Any photos or video taken at camp, including those of campers, may be used for advertising purposes.

ACKNOWLEDGEMENT: I understand that by signing this application, I am accepting and agreeing to these terms and that my agreement is a condition of camp's approval of this application and a condition of my child's participation in camp activities.

INFORMATION ON THIS FORM WILL NOT BE SHARED OUTSIDE OF PLEASANTVIEW BIBLE CAMP/FIRST BAPTIST CHURCH.

DATE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME