

## APPLICATION INSTRUCTIONS

Please use ink and print clearly.

1. ALL INFORMATION is essential. Please fill in every blank.

2. MEDICAL INFORMATION MUST BE COMPLETED.

First Time Camper - must visit your physician and have the form filled out and signed.

Returning Camper with ongoing or recent medical care - must visit your physician and have form filled out and signed.

Returning Camper without ongoing or recent medical care - no visit is necessary but please neatly PRINT PHYSICIAN'S INFORMATION.

Ophthalmologist's Name & Number **MUST** be filled in if applicable.

When applicable, additional Medical Insurance Name and Policy Numbers must be filled in, especially for prescriptions.

Any additional instructions for the camp nurse must be received in writing and all prescriptions updated.

All medications MUST be in original containers.

All campers with bee/insect sting allergies, must come to camp with a filled prescription for antidote medication.

3. Notification information for children 18 years or younger must be a parent or legal guardian.

4. CONSENT AND RELEASE section must be signed by a parent, legal guardian or the adult camper (18 years or older.) Some activities may require additional signed waivers.

MAIL COMPLETED FORM AND \$75.00 NON-REFUNDABLE APPLICATION FEE TO:

Mountain View Summer Camp  
Box 1000  
Abbotsford, BC V2S 4P5

**CONSENT, RELEASE AND AUTHORIZATION**

I hereby give my consent for this applicant to attend camp.

In case of accident, illness, death, I will not sue the camp, or its management, British Columbia Conference (Seventh-day Adventist Church).

This health history is correct as far as I know, and the applicant has permission to engage in all camp activities, except as noted. In the event I cannot be reached in an emergency, I give permission to the physician, selected by the camp nurse/adult leader in charge to authorize any treatment necessary. Mountain View Summer Camp will be notified 3 weeks prior to camp if the applicant has been exposed to a communicable disease. \_\_\_\_\_ (Camper, Guardian / Parent initials)

I understand that campers may be photographed for use by news media, publications or promotion. I consent for Mountain View Summer Camp to use in any manner all photographs and recordings made.

This applicant is legally blind.

Camper or Guardian Signature: \_\_\_\_\_ :

Relationship to applicant: \_\_\_\_\_

Date \_\_\_\_\_

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**Office Use Only**

Approved: \_\_\_ Yes \_\_\_ No Reason: