

Don't Delay -----Mail Today!
2017 CAMPER REGISTRATION

Camper's Name _____ E-mail _____
 Address _____
 City _____ Prov/St _____ PC/ZIP _____
 Parent/Guardian Name _____ Parent E-mail _____
 Home Phone _____ Emergency Phone _____
 Sex: M ___ F ___ Age ___ Birthdate (MM/DD/YY) (___ \ ___ \ ___)

I WILL ATTEND (Check your choice(s))			CAMPER FEE
___ Kid's Camp 1	July 2 - 9	ages 7 - 12	\$425
___ Kid's Camp 2	July 9 - 16	ages 7 - 12	\$425
___ Teen Camp	July 16 - 23	ages 12 - 14	\$425
___ Youth Camp	August 6 - 13	ages 14 - 18	\$425

Register on-line at www.mvsc.ca

A Camp T-shirt is included with the camp fees. Please indicate your T-shirt size below

FINANCIAL WORKSHEET

Camp Fee \$ 425.00
 (\$100.00 deposit is non-refundable)
 Optional **Camp Gear** (See Below) \$ _____
 Free Daily On-Line Photo's \$ No Charge
 Registration Fee \$ 20.00
****Discount (Paid in full by deadline)** \$ _____
 Sub Total \$ _____
 5% GST \$ _____
 Optional Camp Store Money (Suggested \$50 - \$75) \$ _____
 Optional Donation (Worthy Camper Fund) \$ _____
Total Due \$ _____
 (Minimum of \$100.00) **Amount Paid** \$ _____
Amount Owing \$ _____
\$50 Late Payment Charge \$ _____

PAYMENT BY:

Visa MC Interac
 Money Order Cash (do not mail cash)
****We do not accept personal cheques**

Card No: _____
 Exp. Date _____
 Name on Card _____
 Signature: _____

****Discount will be removed on accounts with balances not paid in full by the deadline. A \$50.00 late payment charge on accounts not paid by Reg. **your credit card provided here may be charged for any remaining balance unless another method of payment is provided at registration**

******Discount - \$150.00 offer ends March 28, 2017******

Dietary Disclaimer:
 MVSC provides a healthy balanced menu complete with vegetables and/or fruit offered at every meal. Wheat free, gluten free, dairy free diets are NOT provided. The kitchen is *not* a peanut free environment. Please contact us at any time for dietary questions at sgibbons@bcadventist.ca or 1-888-869-2615 (Phone: June 15 – August 10 only)

CAMP GEAR

BRONZE \$46	SILVER \$70	GOLD \$98
Camp Sweatpants	Camp Sweatpants	Camp Sweatpants
Camp DVD	Camp DVD	Camp DVD
Cabin Photo	Cabin Photo	Cabin Photo
Mini Flashlight	Nalgene Bottle	Nalgene Bottle
	Mini Flashlight	Mini Flashlight
	MVSC Key Chain	MVSC Key Chain
		Camp Hoodie

Notes/List up to 2 cabin requests (we will try to accommodate but there is no guarantee):

Please circle the size for your T-Shirt/Hoodie and/or Sweatpants:
 (T-shirt/Hoodie) Youth: S M L Adult: S M L XL
 (Sweatpants) Youth: S M L Adult: S M L XL

PLEASE COMPLETE ALL INFORMATION ON OPPOSITE SIDE!

After completing this form, mail it (along with the camp fee) to:

Mountain View Summer Camp
 Box 1000
 Abbotsford BC
 V2S 4P5

For information:
 Phone: (604) 853-5451 ext. 413 or 1 (888) 869-2615
 Fax: (604) 853-8681
 E-mail: sgibbons@bcadventist.ca

ACTIVITY SELECTION

Name _____

LIST YOUR ACTIVITIES IN PRIORITY:

1st _____

2nd _____

3rd _____

4th _____

Please Note: Activities are assigned on a first-come first-serve basis and will be grouped with others based on age. There is a minimum attendance requirement for each class (**class times are not guaranteed**). We will make reasonable effort to meet your requests. Teen and Youth Campers may choose Western or English Horsemanship – not both. Choose only activities appropriate for your age as indicated on the activity chart to your right.

Highlighted areas are required for registration. Please answer ALL questions.

Activities	Kids Camps 1 & 2 Ages 7 - 12	Teen and Youth Camps Ages 12 - 18
Western Horsemanship	✓	✓
English Horsemanship (minimum of 10 prior riding experiences required)		✓
T-Shirt Design (age10+)	✓	✓
Crafts - Variety	✓	
Candle Making		✓
Pottery		✓
Basketball		✓
Video Production		✓
Outdoor Survivor (counts as 2 periods)	✓	✓
Archery (age 11+)	✓	✓
Aerospace Construction (Rocketry) (age 10+)	✓	✓
Vertical Zone (counts as 2 periods) (Ages 10+)	✓	✓
Swimming	✓	✓
Hydro-Training (waterskiing and wakeboarding, counts as 2 periods)	✓	✓
Canoeing (counts as 2 periods)	✓	✓
Cross-Training (Sports)	✓	
Acronix (Gymnastics)	✓	
Mountain Biking		✓
Sand Volleyball		✓
Soccer	✓	✓
Ropes Challenge-high and low (Counts as 2 periods) Ages 10+	✓	✓

Provincial Medical/BC Care Card#*/or copy of Medical Insurance

Family Physician/Phone # _____

List any current medications: _____

Date of last Tetanus Immunization* _____ Allergies to food, medication or other? No _____ Yes* _____

*If yes, please explain _____

Health History – List any recent illnesses, injuries and/or hospitalizations you have had in the last year:

Are there any activities that you are restricted from doing for medical reasons? No _____ Yes _____ If yes, please explain: _____

Other instructions for the camp nurse: (if additional space is needed, attach page) _____

If parent or legal guardian cannot be reached in an emergency notify: Name _____

Relationship _____ Home phone# _____ Work phone# _____

I am requesting, as the parent or legal guardian of the camper identified above (the “Camper), that he/she be allowed to participate fully in all activities of the Mountain View Summer Camp (the “Camp”). I understand that there are risks to the Camper involved in the activities of the Camp and I accept those risks on behalf of the Camper, which risks may include the risk of serious bodily harm, damage to personal property and death. On my behalf and on the behalf of the Camper, I waive any right and release and discharge any claims or causes of action whatsoever that I and/or the Camper may have now or in the future against the Seventh-day Adventist Church (British Columbia Conference), the Camp and their affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as “SDABCC”) arising out of or in any way connected with the Camper’s participation in the activities of the Camp. I further agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever that the Camper may have or may bring against SDABCC arising out of or in any way connected with the Camper’s participation in the activities of the Camp.

I have disclosed any and all medical conditions and/or allergies from which the Camper suffers. I hereby authorize and consent to SDABCC making the decisions with respect to the medical treatment and or hospitalization for and on behalf of the Camper while the Camper is at Camp. The Camp staff will attempt to inform the parent or legal guardian of such an occurrence as soon as it is reasonably possible to do so.

The Camper and I support the policies of the Camp and agree to be bound and abide by them. This includes that payment in full is received by the deadline or at registration.

I acknowledge and agree that the information in this Registration Form is collected to assist in the implementation of Campers’ activities at the Camp. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary and for providing or arranging for medical treatment for the Camper. The information will be proved to those providing medical treatment to the Camper. I agree that SDABCC may use photographs, videos or other images of the Camper for the purpose of promoting the Camp or the programs of SDABCC.



Signature of Parent or legal guardian _____

Name of parent or legal guardian (please print) _____

Include address if different from camper _____

Date _____

Home Phone _____

Work Phone _____

IMPORTANT: You must identify any additional individual(s) who are authorized to pick up your child from camp. **This is imperative!!!** (Note: only individuals listed on this 2017 application form will be authorized to pick up your child. Individuals listed on previous applications are removed.)