

Don't Delay -----Mail Today!

2019 CAMPER REGISTRATION – Domestic – Canada and USA

Camper's Name _____ E-mail _____

Address _____

City _____ Prov/St _____ PC/ZIP _____

Parent/Guardian Name _____

Home Phone _____ Emergency Phone _____

Sex: M ___ F ___ Age ___ Birthdate (MM/DD\YY) (___ \ ___ \ ___)

I WILL ATTEND (Check your choice(s))

___ Kid's Camp 1	July 7 - 14	ages 7 - 12	\$460	CAMPER FEE (Canada/USA Resident)
___ Kid's Camp 2	July 14 - 21	ages 7 - 12	\$460	(Canada/USA Resident)
___ Teen Camp	August 4 - 11	ages 12 - 14	\$460	(Canada/USA Resident)
___ Youth Camp	August 11 - 18	ages 14 - 18	\$460	(Canada/USA Resident)

Register on-line at www.mvsc.ca

FINANCIAL WORKSHEET

Camp Fee \$ 460.00

(\$100.00 deposit is non-refundable)

Optional **Camp Gear** (See Below) \$ _____

Free Daily On-Line Photo's \$ No Charge

Registration Fee \$ 25.00

* ****Discount (must be Paid in full by deadline)** \$ _____

Sub Total \$ _____

5% GST \$ _____

Optional Camp Store Money (Suggested \$50 - \$75) \$ _____

Optional Offering (Worthy Camper Fund) \$ _____

Total Due \$ _____

(Minimum of \$100.00) **Amount Paid** \$ _____

Amount Owing \$ _____

\$50 Late Payment Charge \$ _____

****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. day.**

****your credit card provided here will be charged for any remaining balance unless another method of payment is provided at registration**

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

PAYMENT BY

Visa MC Interac

Money Order Cash (do not mail cash)

****We do not accept personal cheques**

Card No: _____

Exp. Date _____ (CVC#) _____

Name on Card _____

Signature: _____

Full Payment must be received by the deadline date to qualify for any discounts: \$150 March 31/\$100 May 31

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 **does not guarantee** 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 \$52

Camp Sweatpants
Online Camp Video
Cabin Photo
Surprise Option

SILVER \$77

Camp Sweatpants
Online Camp Video
Cabin Photo
Nalgene Bottle
Surprise Option
NKJV Bible

GOLD \$108

Camp Sweatpants
Online Camp Video
Cabin Photo
Nalgene Bottle
Camp Hoodie
Surprise Option
NKJV Bible

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. 304
Fax: (604) 853-8681
E-mail: sgibbons@bcadventist.ca

ACTIVITY SELECTION

Name _____

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. Number your preferred activities in the column to your right. (Ex: 1, 2, 3, 4)

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

Activities	Kids Camps 1 & 2 Ages 7 - 12	Teen and Youth Camp Ages 12 - 18
Western Horsemanship	✓	✓
English Horsemanship (minimum of 10 prior riding experiences required)		✓
Crafts - Variety	✓	
Candle Making		✓
Ceramics		✓
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+	✓	✓
NEW!!! Puppetry (Age 10+)	✓	✓

Provincial Medical/BC Care Card#*
or copy of Medical Insurance (US Residents)

Pov/State _____

Family Physician/Phone # _____

Include a list of all current medications: _____

Date of last Tetanus Immunization* _____

(Tetanus Shots MUST be given in 2010 or more recent)

*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 provided 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. Final payment will be made no later than registration day either by method indicated on this form or cash/Visa/MC at registration.

I agree I will receive a discount only when my account is paid in full by the deadline: \$150.00 Deadline is March 31, 2019; \$100.00 Deadline is May 31, 2019. Discounts may be removed on unpaid accounts. Online purchases will be charged to the credit card I have provided on this form. ***Only a Parent or Legal Guardian can sign this form.***

Signature
Required

Signature of Parent or legal guardian
(Do NOT Sign unless you are the 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 2019 application form will be authorized to pick up your child. Individuals listed on previous applications are removed.)

Relationship of individual(s) to your child