

# *Camp for the Visually Impaired ~ Application Form*

## *June 26 – July 1, 2022*

<b>Name/Last, First</b>		<b>Age</b>	
<b>Birth Date</b>		<b>Male</b>	<b>Female</b>
<b>Address</b>			
<b>City</b>		<b>Prov</b>	<b>PC/Zip</b>
<b>Telephone # (Use Line Above)</b>		<b>E~Mail (Use Line Above)</b>	
<b>Height</b>		<b>Weight</b>	<b># Years at MVSC</b>

### ***Choose your Activity Preferences***

<input type="checkbox"/> <i>Swimming</i>	<input type="checkbox"/> <i>Waterskiing</i>	<input type="checkbox"/> <i>Walking</i>
<input type="checkbox"/> <i>Boogie Boarding</i>	<input type="checkbox"/> <i>Archery</i>	<input type="checkbox"/> <i>Restrictions?</i>
<input type="checkbox"/> <i>Horseback Riding</i>	<input type="checkbox"/> <i>Hay Ride</i>	<i>*Please note any restrictions below.</i>
<input type="checkbox"/> <i>Canoeing</i>	<input type="checkbox"/> <i>Speed Boating</i>	
<i>Note limitations this camper may have on any activities:</i>		

### ***Please indicate your T~Shirt Size below***

<input type="checkbox"/> <i>Child 6/8</i>	<input type="checkbox"/> <i>Adult S</i>	<input type="checkbox"/> <i>Adult XL</i>
<input type="checkbox"/> <i>Child 10/12</i>	<input type="checkbox"/> <i>Adult M</i>	<input type="checkbox"/> <i>Adult XXL</i>
<input type="checkbox"/> <i>Child 14/16</i>	<input type="checkbox"/> <i>Adult L</i>	<input type="checkbox"/> <i>Adult XXXL</i>

### **IN CASE OF EMERGENCY, ACCIDENT OR ILLNESS ~ CONTACT**

<b>Print Name (Use line above)</b>	<b>Home Phone Number/Cell (use Line Above)</b>
<b>Address (Use Line Above)</b>	<b>Work/Emergency Phone Number (Use Line Above)</b>
<b>Cell/Pager Number (Use Line Above)</b>	<b>Relationship to Camper (Use Line Above)</b>

\*GUIDE DOGS: It is the responsibility of the camper to feed, exercise and clean up after their dog.  
 \*IMPORTANT: Camps are smoke-free. There is a zero tolerance policy for alcohol and illegal drug use.  
 Firearms, weapons or explosives are not allowed at Camp. Sexual promiscuity is not allowed at Camp.

## CONSENT, RELEASE AND AUTHORIZATION FORM

- I hereby give my consent for \_\_\_\_\_ to attend Mountain View Summer Camp. (Please PRINT camper name above)
- In Case of accident, illness or death, I will not sue the camp, or its management, British Columbia Conference (Seventh-day Adventist Church).
- The health history form 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 for 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 the camp date if the applicant has been exposed to a communicable disease. I certify that the Camper is free of ALL COVID symptoms and has not been in contact with other known COVID positive individuals. I agree that prior to registration another COVID assessment will be required\_\_\_\_\_ (Camper, Guardian/Parent initials)
- I understand that Campers may be photographed for use by news media, publications or promotions. I consent for Mountain View Summer Camp to use, at their discretion, all photographs and recordings made. \_\_\_\_\_ Initial.

Is this Camper LEGALLY Blind?       Yes       No

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

\*Relationship to the Camper: \_\_\_\_\_ Date: \_\_\_\_\_

- Notification information for children 18 years or younger must be a parent or LEGAL Guardian.
- The above CONSENT AND RELEASE form MUST be signed by a parent, LEGAL Guardian or the Adult Camper (19 years or older). Some activities may require an additional signed WAIVER.

<i>Check the boxes that apply to this registration</i>		
<input type="checkbox"/> <i>Camp Fee \$100.00</i>	<input type="checkbox"/> <i>Transportation \$100.00</i>	
<input type="checkbox"/> <i>Enclosed is my Cheque</i>	<input type="checkbox"/> <i>Please charge my Credit Card</i>	
<b>Visa/Master Card Number</b>	<b>Exp. Date</b>	<b>CVV #</b>
Card owner signature (on line above)	Card owner name ~ please print (on line above)	
<b>Office Use Only</b>		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No / Reason: _____		

**Mail to: Mountain View Summer Camp**  
**Box 1000**  
**Abbotsford, BC V2S 4P5**

**Email to: [sgibbons@bcadventist.ca](mailto:sgibbons@bcadventist.ca)**  
**Fax to: 604.853.8681**