

2023 Mountain View Summer Camp Registration ~ Canada/USA Residents

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

Phone: 604.853.5451 Ext 304 ~ Fax: 604.853.8681

Camper Name (include First and Last Name) *This is the name your child will be registered under		M	F	Birthdate (mm/dd/yy)	Age
Address		City		Province/State	PC/Zip Code
Parent/Guardian Name		Home/Cell Number/Additional Number(s)		Email	
Parent/Guardian Name		Home/Cell Number/Additional Number(s)		Email	
If a Parent/Guardian cannot be reached in an emergency, please notify the following individual:					
Name (First and Last)		Relationship		Phone Number(s)	

Select the Camp you will attend:

OR Register online @ mvsc.ca

- | | | | | | |
|---------------------------------------|------------|--------------|-------------------------------------|-------------|----------------|
| <input type="checkbox"/> Kids Camp I | Age 7 ~ 12 | July 9 ~ 16 | <input type="checkbox"/> Teen Camp | Age 12 – 1 | August 6 ~ 13 |
| <input type="checkbox"/> Kids Camp II | Age 7 ~ 12 | July 16 ~ 23 | <input type="checkbox"/> Youth Camp | Age 14 – 18 | August 13 ~ 20 |

Financial Information

Camp Fee includes \$125.00 non-refundable deposit ---- \$ **525.00**

Additional Items (optional ~ see below)-----\$ _____

View Daily On-Line Photo's-----\$ **No Charge**

Registration Fee-----\$ **40.00**

*T-Shirt and Cabin Photo included (select your T-Shirt Size)

Discount (\$155 ~ if registered by March 31)-----\$ _____

(\$105 ~ if registered by May 31)

Sub Total----- \$ _____

5% **GST**----- \$ _____

Store Money (optional)----- \$ _____

Suggested \$30 - \$50

Worthy Camper (optional)----- \$ _____

Tax Deductible receipt on donations of \$10.00 or more

Total Due----- \$ _____

Amount Paid (Minimum of \$125) ----- \$ _____

Due at the time of registration *put "-" before the amt

Remaining Balance ----- \$ _____

Due by deadline for discounts to apply

Pay my Balance on _____ \$ _____

Date for the final payment to be processed by our office

FINAL BALANCE (Should be \$0.00)----- \$ _____

Payment Information

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MC | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Debit (*In office only) | <input type="checkbox"/> Cash* (*Do not mail) | |

*Please do not send personal cheques.

/ / /

Visa or Master Card Number (put numbers in groups of 4)

Month: _____ Year: _____

Expiration Date _____ CVC # (3 digit #) _____

Card holders Name (please print)

Signature of Card Holder

T-Shirt * We need your size. Opt for next size up to be sure.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Large |
| | <input type="checkbox"/> Adult X-Large |

Additional Camp Items ~ Please check the items to add

<input type="checkbox"/> Camp Wear Kit \$116.00 - Camp Hoodie - Camp Sweatpants - Camp Toque - Nalgene Bottle *Choose your Hoodie and Sweat-pant size:	<input type="checkbox"/> Hoodie \$50.00 *Choose your size <input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Sweatpants \$40.00 *Choose your size <input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large
*Add the amounts for the items selected to the line for "Additional Items". *Be sure to give us the correct size for your Hoodie and Sweatpants.		

Activity Selections ~ Choose up to 5 Activities		MEDICAL/INSURANCE ~ REQUIRED INFO
Activities: Camp I and Camp II ~ Age 7 - 12 Acronix ~ Gymnastics Aerospace Construction ~ Rocketry (age 10+) Archery (age 11+) Canoeing (Counts as 2 periods) Crafts ~ Variety Cross Training ~ Sports Horsemanship ~ Western Hydro Training ~ Waterskiing, Wakeboarding, Water-Surfing**NEW** (Counts as 2 periods) Outdoor Survivor (Counts as 2 periods) Ropes Challenge ~ High and Low (Counts as 2 periods) Soccer Swimming Vertical Zone (Counts as 2 periods) Age 10+	Activities: Teen and Youth Camp ~ age 12+ Aerospace Construction ~ Rocketry Archery Basketball Candle Making Canoeing (Counts as 2 periods) Ceramics Hatchet Throwing **NEW** Horsemanship ~ English (minimum of 10 riding experiences required) Horsemanship ~ Western Hydro Training ~ Waterskiing, Wakeboarding, Wake Surfing**NEW** (Counts as 2 periods) Outdoor Survivor (Counts as 2 periods) Pottery Ropes Challenge ~ High and Low (Counts as 2 periods) Sand Volleyball Swimming Vertical Zone (Counts as 2 periods) Video Production	Camper Name _____ BC Care Card/Prov. Med. #/**US Med. Ins #* _____ Physical Name _____ Physician Phone Number _____ Date of the last tetanus shot _____ *USA Campers, include copy of USA Medical Insurance/policy Dietary Disclaimer: MVSC provides a healthy balanced menu complete with vegetables and/or fruit 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 for dietary questions: email Shelley At sgibbons@bcadventist.ca or call 604.869.5386 (Number available from June 15 – August 10 only)
Note: Activities are assigned on a first come, first served basis and grouped with others based on age. Number activities 1 - 5 in order of preference. We will try to give you your first 4 preferences. (Activities and class times are Not guaranteed). Teen and Youth campers can choose Western OR English Horsemanship – Not both.		

MEDICAL/HEALTH QUESTIONS ~ Required Information
<input type="checkbox"/> No <input type="checkbox"/> Yes: Are there any allergies to food, medication or other? Please check NO or YES. If YES list allergies on the line above. NOTE Dietary Disclaimer above
Health History: List any recent illnesses, injuries and/or hospitalizations in the past year on the line above: <input type="checkbox"/> No <input type="checkbox"/> Yes: Are there any activity restrictions for medical reasons? Check NO or YES. If YES explain on the line above
Other instructions for the nurse? Explain on the line above (if additional space is needed use a separate sheet of paper)

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 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 certify that my child is free of all COVID symptoms and has not been in contact with other known COVID positive individual(s). I agree that prior to registration another COVID assessment may be required.

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 agree that the discounts apply on accounts paid in full by set deadlines and that the discount may be removed on unpaid accounts after a deadline has passed. I agree that any balance remaining on my account on registration day, will be paid promptly on my credit card provided or late payment may be charged. **All charges are processed through the Seventh-day Adventist Church (British Columbia Conference).**

I acknowledge and agree that the information on 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. *Signature required below. LEGAL Signature only. Typed font signatures are not accepted.

Signature of Parent/Legal Guardian ~Must be **LEGAL** guardian
 Name of Parent or Legal Guardian (please print)

Include address if different from camper

Date Home Phone Work Phone

IMPORTANT: List others who are authorized to pick up your child from camp in 2023 Relationship of individual(s) to your child **Note: only individuals listed on your 2023 application form will be authorized to pick up your child. (Individuals listed in previous years will be removed)