

Camp for the Visually Impaired ~ Application Form

June 30 ~ July 5, 2024

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

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

*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. All Campers must be self sustaining.

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 must 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 communicable disease symptoms and has not been in contact with other known positive individuals. I agree that prior to registration another assessment may be required _____ (Camper, Guardian/Parent initial)
- The applicant named above is self sustaining (must take care of their own personal/hygiene needs). _____ (Camper, Guardian/Parent Initial.
- 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. _____ (Camper, Guardian/Parent 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.

Check the boxes that apply to this registration

Camp Fee only \$120.00

My Cheque is enclosed

Fee & Ferry/Van. Pick up \$240.00

Please charge my Credit Card

**Note: Ferry Pick Up is for Camper's living in the Lower Mainland and on Victoria Island.*

/ / /	/	
Visa/Master Card Number	Exp. Date	CVV #
Card owner signature (on line above)	Card owner name ~ please print (on line above)	

Office Use Only

Approved: Yes No / Reason: _____

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

***Email to: sgibbons@bcadventist.ca
Fax to: 604.853.8681***