

2025 Mountain View Summer Camp Registration

~ Residents of Canada ~

Mail to: Mountain View Summer Camp, 1626 McCallum Road, Abbotsford, BC V2S 4P5

Phone: 604.853.5451 Ext 314 ~ 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/(LEGAL) Guardian Name		Home/Cell Number		*Email/to receive messages regarding your child's camp	
Parent/(LEGAL) Guardian Name		Home/Cell Number		Additional Contact Information	
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:

- Kids Camp I ~ Age 7 ~ 12 ~ July 6 ~ 11 ~ \$550
 Kids Camp II ~ Age 7 ~ 12 ~ July 13 ~ 18 ~ \$550

Register online @ mvsc.ca

- Teen Camp ~ Age 12 - 14 ~ August 3 ~ 10 ~ \$600
 Youth Camp ~ Age 14 - 18 ~ August 10 ~ 17 ~ \$600

FINANCIAL INFORMATION

Camp Fee includes \$200.00 non-refundable deposit----- \$ _____

Registration Fee ----- \$ **60.00**

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

Discount ----- \$ _____

*April 31, 2025~\$100.00 (Enter a "-" in front of discount)

Discount applies if paid in full by deadline date

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 \$200~enter "-")----- \$ _____

Discount(s) apply to accounts paid in full by the deadline(s)

Remaining Balance----- \$ _____

Due by Registration Date

Payment Information

- Visa MC Money Order
 Debit (*In office only) Cash* (*Do not mail)

*Please do not send personal cheques.

_____/_____/_____

Visa/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: *Please indicate your t-shirt size. (Opt for next size up to be sure)

- Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult X-Large

Cabin Request ~ Let us know your cabin requests ~ In order of preference:

1. _____ 2. _____

***We cannot guarantee your cabin request, but will try to accommodate your preferences**

Activity Selections ~ Choose up to 5 Activities		MEDICAL/INSURANCE ~ REQUIRED INFO
Activities: Camp 1 ~ 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) Ropes Challenge ~ High and Low (Counts as 2 periods) – Age 10+ Outdoor Survivor (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 ~ Western Hydro Training ~ Waterskiing, Wakeboarding, Wake Surfing**NEW** (Counts as 2 periods) Outdoor Survivor (Counts as 2 periods) Pottery Ropes Challenge ~ High and Low *2 Periods Sand Volleyball Swimming Vertical Zone (Counts as 2 periods) Video Production	Camper Name _____ BC Care Card/Prov. Med. #/**US Med. Ins #* _____ Physician (Name) _____ Physician (Phone Number) _____ Date of the last tetanus shot _____ *USA Campers must include a copy of USA Medical Insurance/policy. Dietary Disclaimer: MVSC provides a healthy balanced menu complete with vegetables and/or fruit at every meal. Wheat, gluten and dairy free diets are NOT provided. The kitchen does NOT guarantee a peanut free environment. Please contact us for dietary questions: email Shelley @ 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 based on age. Number your Activities in order of Preference. We will try to give you as many of your choices as possible. (Activities and class times are Not guaranteed.)		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 medial 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 have disclosed 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. I understand that should my child become ill prior to camp, it may be necessary to cancel his/her registration and that a full refund **may** be given with a doctor's note.

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 ~ will appear on your credit card statement).**

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 proved to those providing medical treatment to the Camper. I agree that SDABCC may use photographs, videos and images of the Camper for the purpose of promoting the Camp or the programs of SDABCC. *Signature required below. LEGAL Signature only. This WAIVER must not be altered or changed. Typed font signatures are not accepted. You must be a LEGAL Guardian to sign.



Signature of Parent OR Guardian (LEGAL Guardian) _____ Name of Parent or Legal Guardian (please print) _____ (Date Signed) _____

Include address if different from camper _____ Home/Cell Phone Number _____ Work or Alternative Number _____

IMPORTANT: List others who are authorized to pick up your child from camp in 2025 _____ Relationship of individual(s) to your child **Note: only individuals listed on your 2025 application form will be authorized to pick up your child. (Individuals listed in previous years will be removed)