

Mountain View Summer Camp Day Camp Application 2021

Choose your Location:

July 12 ~ 16 Victoria/Lakeview School

July 19 ~ 23 Port Hardy/Avalon SDA School

Aug 16 - 20 Grandview/NOJA

Camper Last Name	Camper First Name *1 name only	M/F	Age	Birthdate
Address		City	Prov	PC
Parent/Guardian Name		Home Phone #	Emergency Phone #	
Parent/Guardian Email		Camper's Email		

Activities Provided 8:00 am ~ 3:30 pm	T-Shirts ~ select T-Shirt Size
<ul style="list-style-type: none"> • Archery • Crafts • Devo • Sports • Obstacle Courses 	Youth sizes: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult Sizes: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
What to bring: lunch, sunscreen, hat, towel, change of clothes, mask, hand sanitizer	

Financial Worksheet		QTY	TOTALS
✓ Day Camp Fee ~ Monday - Friday	\$250.00		\$210.00
✓ Registration Fee *T-shirt included if registered by <u>June 30, 2021</u>	\$35.00		\$ 35.00
Family Canoeing: Mon ~ Thurs at 4:00 pm - 7:00 pm *Qty = Number of Canoes x Number of days for canoeing	\$40.00	X	-
Extra Life Jackets (*Note: Extra Life Jacket would be for 3 rd person)	\$5.00	X	-
<input type="checkbox"/> Mon # ___ <input type="checkbox"/> Tue # ___ <input type="checkbox"/> Wed # ___ <input type="checkbox"/> Thurs # ___ *check the day(s) for canoeing, # of canoes needed for each day. *Put total # of canoes to reserve in the quantity column. *3 people maximum per canoe. 2 life jackets/canoe included.	Subtotal		
	GST 5%		
	Total		

Payment		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit Card (in office payments only) <input type="checkbox"/> Cash		
Visa/MasterCard #	Exp. Date	CVC #
Card Holder's Signature		

WAIVER

I am requesting, as the Parent/Legal Guardian of the camper identified above (the "camper"), that he/she be allowed to participate fully in all activities of Mountainview 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. These risks may include 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 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/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. I acknowledge and agree that the information in the Registration Form is collected to assist in the implementation of the 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 or other images of the Camper for the purpose of promoting the Camp or the programs of SDABCC.

Signature of Adult/Parent or **Legal Guardian**

Name of Adult/Parent or **Legal Guardian** (please print)