

2009 Registration Information

Name: _____

Address: _____

City: _____

Postal Code: _____

Birth date (yyyy/mm/dd): _____

Male: _____ Female: _____

Home Phone: _____

Work Phone: _____

Email _____

Requested Cabin mate (**BOTH** must request to be guaranteed):

Medical Information

Health #: _____

Is your child currently on medication?

No: _____ Yes (specify): _____

Medications MUST be given to First Aid Attendant upon registration. This includes ALL medication including those not requiring a prescription such as Roloids, Tylenol, Pepto-Bismol, etc.

List any allergies:

In Case of Emergency, Contact:

Emergency #: _____

Does your child have a medical condition that may affect his/her full participation in the program? ____ YES ____ NO

Waiver

As legal guardian of this camper, I hereby authorize SCA Blueberry Ministry Centre & Bible Camp ("Blueberry")

- ◆ To obtain emergency medical care for my child if required. I acknowledge that my child is attending this camp at his/her own risk and hereby release Blueberry, SCA International and any of its staff or representatives from any claims, damages, expenses or actions of any kind resulting from my child's participation in this program. I understand that Blueberry reserves the right to terminate my child's stay if his/her behaviour does not align with the camp's Code of Conduct or is deemed to be potentially harmful to himself/herself, other campers, or staff members. I further grant permission to the Camp Director or First Aid Attendant to authorize medical treatment and inform me as soon as possible.
- ◆ To allow authorized First Aid Attendant to administer non-prescription medication such as Tylenol or Benadryl .
- ◆ To give my child's contact information to the cabin leader.
- ◆ To use pictures of my child in Blueberry's & SCA International's promotional brochures, displays and web pages.
- ◆ Consent to Blueberry's gathering and using information I provide for administration, camper care, program development, liability and promotion – all of which is kept confidential.

Print Name _____

Signature _____

Date _____

Terms & Conditions

- * Due to advance planning and preparation, we are unable to give refunds.
- * **All spaces are first come, first served and will be held only with payment**
- * If a cabin mate is desired, **both** campers must make the request on their forms to guarantee being placed together. BMC reserves the right to deny request.
- * All campers must be of appropriate age for the session requested (as of June 30th).
- * Every attempt will be made to contact parents in the event of an emergency.

Booking Information

Please select week:

Discipleship Camp	July 5-10	\$175	_____
Teen	July 12-17	\$175	_____
Kids I	July 26-29	\$100	_____
Pre-Teen I	July 19-24	\$175	_____
Junior	Aug 2-6	\$135	_____
Pre-Teen II	Aug 9-14	\$175	_____
Kids II	Aug 16-19	\$100	_____
Beyond Blueberry Trails	July 29- Aug 1	\$175	_____
Camp T-Shirt	\$10.00		_____
Camp DVD	\$10.00		_____
Total Enclosed		\$	_____

Mail form along with a cheque made payable to SCA Blueberry Ministry Centre Box 6434, Fort St John BC V1J 4H8

Or use : M/C Visa American Express
and Fax: to 1-866-778-6805

Card # _____
Expiry Date _____
Name on Card _____
Amount _____
I authorize SCA Blueberry Ministry Centre & Bible Camp to apply a one time fee of the above stated amount to my credit card.
Signature _____
Date _____