

Registration

(one form per child)

- _____ July 10 - 15 - Teen Camp (\$175)
- _____ July 17 - 20 - Kid's Camp (\$100)
- _____ July 24 - 29 - Pre-Teen Camp (\$175)
- _____ July 31 - Aug. 4 - Junior Camp (\$135)
- _____ Aug. 16-21 - Beyond Blueberry Trails (\$175)

Name: _____

Address: _____

City: _____ Postal Code _____

Birth date (mm/dd/yyyy) _____

Male: _____ Female: _____

Community (if applicable): _____

Parent/Guardian: _____

Home # _____ Work # _____

Requested Cabin Mate (both must make request):

Camp Fee.....\$ _____

T-shirt (opt.) \$10.....\$ _____

Amount Encl.\$ _____

Sponsorships are available for those requiring assistance. Please contact us in confidence before registering.

Cheque Cash

Credit Card # _____

Exp. Date _____ CID _____

Name on Card _____

Date _____ Amount \$ _____

Signature _____

Health Card # _____

Is your child currently on any medication?

No _____

Yes (specify): _____

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? NO _____

YES, _____

Waiver

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

- 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 SCA, BMC and any of it's 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 SCA and BMC 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 and First Aid Attendant to authorize medical treatment and inform me as soon as possible.

- To allow an authorized First Aid Attendant to administer non-prescription medication such as Tylenol or Benadryl.

- To give my child's contact information to their cabin leader.

- To use pictures/videos of my child for SCA and BMC promotional purposes. This may include, but is not limited to printed material, website, Facebook, etc.

- Consent to SCA's and BMC'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**; the balance of registration fees are due at the beginning of each session. BMC reserves the right to deny requested cabin mates; 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.