



DVM CAMP

2015 SUMMER REGISTRATION FORM

Please print clearly. Send this completed application form along with your chosen payment option to:

DVM Camp 9904 Kalamalka Lake Rd. Coldstream, BC V1B 1L7
Phone: (250) 545-4089 Email: dvmbiblecamp@gmail.com

Camper's full name _____

[] Male [] Female FIRST Birthday M ___ (MIDDLE) D ___ LAST Y ___ Age as of Dec. 31/15 _____

Camp applying for (see right) _____ Church you attend (if any) _____

Mailing address _____ City _____

Prov. _____ Postal Code _____ E-mail _____

Confirmation of acceptance to camp will be sent.

Have you attended DVM Camp before? Y / N

T-shirt size Child: []S []M []L Adult []S []M []L []XL

Name of medical plan _____ Personal Health# _____

REQUIRED

List any allergies _____

List any dietary restrictions (vegetarian, food sensitivities etc.): _____

Any illness or disabilities that the camp nurse or staff should be aware of: _____

All campers **must** have appropriate immunizations for his/her age.

Parent's or guardian's name _____

Phone (home) _____ (work or cell) _____

Are you planning to be away from home during camp session? [] No [] Yes

Emergency Contact _____ Phone _____
(must be other than parent listed above)

FOR OFFICE USE ONLY Code: _____

DATE RECEIVED: _____ Waitlist:

Camp _____

Camp Fee _____ Amount paid _____

Total Owing _____ Payment method _____

_____ Current Date _____

FEES

Basic Camp Fee \$ _____

5% GST _____

TOTAL \$ _____

CAMPS

#1 Junior (ages 9-13) June 28-July 3 = \$240;
2nd in family = \$215

Sun. @ 4:00pm - Fri. @ 4:30pm

#2 Teens (ages 14-18) July 5-11 = \$260;
2nd in family = \$245

Sun. @ 4:00pm - Sat. @ 11:00am

#3 Family (all ages) July 19-25 = \$100;
camp members = \$70

Sun. @ 4:00pm - Sat. @ 11:00am

NOTE:

5% GST to be added to above fees.

Camp Fee includes: Accommodations, meals/snacks, T-shirt, Sugar Shack), crafts supplies, all camp activities.

CANCELLATION POLICY

Campers unable to attend a session must notify the office two weeks before the start of their camp. A refund, less a \$40 admin fee will be granted. We regret that, barring mishap or illness (medical note required), no refunds can be made after this.

Privacy Policy, Release "One-For-All" Waiver & Assumption of Risk

We at DVM Bible Camp respect the privacy of personal information that is submitted to us and adhere to the CSA Model Code for the Protection of Personal Information. We collect information only for the purposes of this ministry, disclose it to others only as required, and are committed to protecting it to the best of our ability. We assume that your submission of a registration form represents your consent to collect, use and disclose information for the purposes listed in our Privacy Policy, the full copy which is available upon request. We also respect your right to withdraw this consent at any time, though this will limit our ability to serve you in the future.

My child has my permission to attend DVM Bible Camp. I am confident that the volunteer staff will do their best to give my child the necessary attention and supervision and that appropriate safety and health guidelines will be observed. When the camp program involves leaving the camp premises (e.g. canoeing at Echo Lake, etc.), I give permission for my child to participate. I release DVM Bible Camp, its volunteers, directors, and officers from any and all liability or claims for damages arising from any accidents or personal injury caused by my child's participation in the camp program, including (but not limited to) swimming, canoeing, and wide games. I understand these activities involve risk, dangers and hazards but I am confident the DVM Bible Camp staff, directors and volunteers will do everything in their control to safeguard and protect my child from these risks. I willingly give camp personnel the authority to act on my behalf in the event of an injury requiring emergency treatment or any other medical emergency involving my child (parent/guardian will be notified as soon as possible). I signify that my child will be covered by a Provincial or equivalent medical plan while he/she is attending DVM Bible Camp and understand that I am financially responsible for any additional costs incurred as a result of sickness or injury, including ambulance service. Unless prior arrangements have been made with the camp office, I give DVM Bible Camp permission to use photos and videos of my child for their promotional materials only.

I have read and accept the conditions of the Release Waiver and Assumption Of Risk:

Parent/Guardian Signature _____ Date _____

PAYMENT

 Your payment options include: (check one)

[] 1. Send two cheques: one **\$50 deposit** with the **current date** as deposit and remaining balance on day of registration.

[] 2. Send one cheque for the full amount owing with the current date.

[] 3. Use your credit card to pay for the full amount owing. **If you FAX or EMAIL your registration form you MUST pay by credit card.**

Applications which do not include one of the above payment options will not be processed.

PLEASE COMPLETE IF PAYING BY CREDIT CARD. When paying by credit card, full payment is due with this registration form.

[] Mastercard [] Visa Cardholder Name _____

Card Number _____ Expiry Date ____ / ____

Signature _____ Date _____