



David Thompson Bible Camp Retreat Registration Form

Camper Name: _____ New ☐ Returning ☐ Male ☐ Female ☐

Birthday: (dd)____ (mm) ____ (yr) ____ Age (on 12/31): ____ Cabin Partner: _____

Address: _____ Town: _____ Prov: ____ Postal Code: _____

Father (First/Last Name): _____ Mother (First/Last Name): _____

Child Lives with: Both ☐ Father ☐ Mother ☐ Grandparents ☐ Fostercare ☐ Other ☐ _____

Home Phone : (____)____-____-____ Cell Phone: (____)____-____-____

Work Phone: (____)____-____-____ Email (Required): _____

Emergency Contact Name: _____ Relationship: _____ Emergency

Contact: (____)____-____-____

CAMP SELECTION			
Please check the camp of your choice			
Retreats			
Retreat Weekend	Dates	Grade	Price
<input type="checkbox"/> Spring Teen Retreat		8-12	\$75
<input type="checkbox"/> Fall Teen Retreat		8-12	\$75

PAYMENT
Camp fees: \$ _____
+ Donation: \$ _____
= Total Enclosed: \$ _____
(non-refundable \$50 deposit must be enclosed)

Medical Information

Health Care # _____ Province _____

Special Conditions: (please make us aware)

☐ Asthma ☐ Bedwetting ☐ ADHD ☐ Physical Restriction
☐ Diabetes ☐ Homesickness ☐ Epilepsy ☐ Other

Particulars: _____

Other Special Health Concerns (includes diet) _____

Medication: _____

Reason, frequency, and duration: _____

Allergies: ☐ Yes ☐ No (explain) _____

For mild conditions, DTBC offers over the counter medications such as: Tylenol (acetaminophen), Advil (ibuprofen), cough drops, cough syrup, Benadryl (or other anti-histamines), Dimetapp, Gravol, and Immodium. Please list any of these or other common medications that you **do not** wish to be administered to your child: _____

CAMP POLICIES

REGISTRATION TIMES - Registration for Retreats are Friday 4-5pm. *PLEASE DO NOT COME EARLY* - DTBC will NOT be responsible for your child before the stated registration times.

CLOSING - Sign out for all Retreats is Sunday at 1pm..

CAMPER SIGN OUT POLICIES - In order to keep DTBC a safe place for your child, campers must be signed out of the camp office before leaving the grounds.

LOST & FOUND - Please label belongings to help limit lost & found. Please call as soon as possible if you have lost belongings.

MEDICATION - All medications (over the counter medication and prescription medication), vitamins, etc. must be handed in to the camp nurse upon arrival. Only the camp nurse or delegate can administer medication. Medication MUST be in their original containers or dispenser.

TUCK - Each camper is permitted to spend up to \$3 on tuck per day (not included in registration.)

STORE - The DTBC store sells Bibles and other camp merchandise such as T-shirts, hoodies, etc.,.

PAYMENT - Cash, cheques, money orders, or credit/debit (credit/debit handled online only and not onsite). Cheques can be made payable to DTBC and can be mailed to BOX 2455, Fairview AB T0H 1L0. Please do not post date cheques.

DEPOSIT - A \$50 deposit must accompany all registrations; deposits for registrations can be done online or by cheque.

CANCELLATION POLICY - When a cancellation is made two week prior to a camp session, the fee, aside from the deposit, will be refunded. There will be no refund if the cancellation is made less then two weeks prior to the start of the registration camp session, unless in the case of a medical emergency.

I understand and agree that pictures may be taken during camp. These pictures may or may not be used by David Thompson Bible Camp for promotions. ☐ Yes ☐ No (**must check one**)

I understand and agree that DTBC would like to send me emails about upcoming camp and partner events. I may unsubscribe at any time. ☐ Yes ☐ No (**must check one**)

I hereby give permission for this camper to attend this camp. **I have read and agreed to the policies and conditions on the reverse side of this document.**

Signature: _____ Date: _____
 (Parent/Guardian if under eighteen)

PARENT / GUARDIAN PERMISSION / RELEASE
- PLEASE READ PRIOR TO REGISTERING -

Head to <https://onehopecanada.ca/privacypolicy> to read how we handle your child's personal information

I hereby give consent to my child's participation in the camp and related activities.

I understand that the camp programming includes physical activity in the form of a variety of sports and recreational activities. I agree that David Thompson Bible Camp and One Hope Canada will not be held liable for any injury to my child or loss or damage to my child's personal property.

In consideration of my child being allowed to participate in camp, I, the parent/guardian of the child, on my own behalf and on the behalf of my child, waive all present and future claims against David Thompson Bible Camp and One Hope Canada and it's directors, volunteers, employees, officers, servants, representatives, insurers and agents (and their representative successors and assigns)(collectively, the "releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses related to injuries, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including any negligence of any one or more of the Releasees,) arising out of or in connection with my child's participation in the camp.

I also agree to indemnify the Releasees for any claim advanced against any of them arising out of my child's participation in the camp.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and healthcare personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event that medication, medical service, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/ or private medical insurance. I agree that the information on this form may be disclosed to such emergency and healthcare personnel. In the event of emergency, accident, illness, or any other circumstances requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to David Thompson Bible Camp and One Hope Canada.

All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow David Thompson Bible Camp and One Hope Canada to share my name, address and phone number with staff and churches affiliated with the camp for the purpose of communicating future camp-related activities.

David Thompson Bible Camp and One Hope Canada reserves the right to request any participant to withdraw from the camp if the participant is not acting in an appropriate and responsible manner.

David Thompson Bible Camp reserves the right to cancel any week of camp and give a 100% refund.

I realize that my child is covered by insurance while at camp. I release David Thompson Bible Camp, and those associated with it, from all liability for any accident, injury or death which may occur. I hereby give permission for Peace Country Health physicians to give treatment or prescribe medication if deemed necessary. I will be responsible for the costs of any medication.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD(REN) to participate in the camp, I am voluntarily agreeing to abide by these terms. I confirm that the participant (my child) is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

(Please sign reverse)