

**Post Dated by
May 1st Gets
\$20 discount!**

2009 REGISTRATION FORM



BEAVER CREEK BIBLE CAMP

Just complete #s 1 to 6 and return to:
Box 659 Riverton MB R0C 2R0



CAMPER NAME _____ BIRTHDAY ____/____/____
MM DD YYYY

GENDER _____ GRADE COMPLETED JUNE '09 _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ PC _____

PHONE # (____)____-____ MB HEALTH # _____ PHIN # _____
(6 DIGIT) (9 DIGIT)

PARENT/GUARDIAN NAME _____ RELATION _____

PHONE #'s HOME (____)____-____ WORK (____)____-____ OTHER (____)____-____

-EMERGENCY CONTACTS-

NAME _____ PH # (____)____-____ RELATION _____

NAME _____ PH # (____)____-____ RELATION _____

FIRST TIME AT CAMP? _____ WHERE DID YOU HEAR ABOUT CAMP? _____

I WOULD LIKE TO BE IN A CABIN WITH _____
(MAX. 2 NAMES, MUST BE REQUESTED BY BOTH CAMPERS -best effort-)



Reminder: Parent & Camper must both sign back of form!

Please check only one of the following weeks and then add the appropriate rows for your total.

"Grade" is completed June '09.

Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.		SUB TOTALS
June 28 th .	29	30	July 1 st .	2	3	4	\$190» <input type="checkbox"/>	
5	6	7	8	9	10	11	\$170 » <input type="checkbox"/>	
_____ LDC —Age 16-19 _____> <— Senior Teen Week—Grades 8-12 —>								
12	13	14	15	16	17	18	\$170 » <input type="checkbox"/>	
<— Preteen Week—Grades 5-7 w/paintball>								
19	20	21	22	23	24	25	\$166 » <input type="checkbox"/>	
<— Junior Week—Grades 3-4 —>								
26	27	28	29	30	31	Aug. 1	\$170 » <input type="checkbox"/>	
<— Preteen Week—Grades 5-7 —>								
2	3	4	5	6	7	8	\$170 » <input type="checkbox"/>	
<— Teen Week—Grades 6-8 w/paintball>								
** If Paint Balling add \$80 Fee. (Age 13+ only)							\$80» <input type="checkbox"/>	
NEW Paintball Weekend, June 5th - 7th. (Age 13+ only)							\$140 <input type="checkbox"/>	
*CANOE TRIP—Ages 13-18, July. 24th - July. 27th.							\$95» <input type="checkbox"/>	
*CANOE TRIP—Ages 13-18, Sept. 4th - Sept. 7th.							\$95» <input type="checkbox"/>	
*** Recommended Tuck Monies is \$20, other amount O.K.							\$20»	
**** Optional donation for volunteer summer staff honorarium.							\$?? »	



ACTIVITIES

Please number the skills you would like to be in.
(In order of preference)

Paint Ball (Age 13+ only)	<input type="checkbox"/>
Outdoor Survival	<input type="checkbox"/>
Crafts	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>
Archery	<input type="checkbox"/>
Music & Band	<input type="checkbox"/>
Sports	<input type="checkbox"/>
Drama	<input type="checkbox"/>
Digital Photography	<input type="checkbox"/>
MapQuest	<input type="checkbox"/>



You may pay a \$35 deposit now with difference at camp registration. Deposit is NON REFUNDABLE.	SUB TOTAL »	
<i>Remember, Subtract \$20 if before May 1st!</i>	GRAND TOTAL »	



Turn the page,
You're almost done!



MEDICAL INFORMATION FORM



Family Doctor _____ Doctor's PH # (____)____ - _____

Last visit ____/____/____ Reason? _____
MM DD YYYY

Immunizations up-to-date? _____ Tetanus shot ____/____/____
MM DD YYYY

Has Camper had: **Measles** **Chicken Pox** **Mumps** **Rubella** **Other** (infectious disease)

Camper is subject to (check those that apply): **Asthma** **Migraines** **Diabetes**
Stomach Aches **Arthritis** **Heart Disease** **Sinusitis** **Tonsillitis**
Frequent Colds **High Blood Pressure** **Frequent Headaches** **Epilepsy**
Seizures **Earaches** **Bed Wetting** **Other** _____

What triggers the above? _____

List any Allergies (including food/meds) _____

Describe reaction and treatment _____

Does the camper wear a Medic Alert Bracelet? _____ Do they carry an Epipen? _____

Does the camper have any **Physical** **Emotional** **Behavioral** concerns that may require special attention at camp ? Please explain _____

Will your child need a one-on-one support worker at camp? **No** **Yes** If yes, which (Please note, it is your responsibility to arrange for support workers.)

organization supplies your support worker? **SMD** **CSS** **CFS** **Other** _____

MEDICATION POLICY: For legal and safety reasons ALL medications must be brought to camp in their original containers. All medications will be administered by the camp Nurse. No medications other than Ventolin & Epipens are to be kept by campers or staff in their cabins or on their person. In instances of non-life threatening illnesses, the camp Nurse will assess the camper and a supply of common Over-the-Counter medications can be administered if deemed necessary. A list of these medications is available upon request.

Are there any OTC medications you **DO NOT WANT** you child to receive? _____

Please describe current medications including dosage and times taken: _____

Just read the legal stuff, sign the form, enclose payment and mail it away!



Waivers and Conditions of Beaver Creek Bible Camp Camper Enrollment

1. I certify that the camper is normal in condition (health and otherwise) and habits and will be emendable to necessary discipline. The camp reserves the right to dismiss a camper who is a hazard to safety and/or rights of others or who appears to have rejected the reasonable controls of camp. I will also notify the camp if my child has been exposed to any infectious disease within 3 weeks prior to camp.
2. I submit this application as the one having legal custody of the child. Conditions of custody if any will be fully communicated in writing to the camp including a copy of any court orders dealing with visitation rights.
3. While all reasonable precaution is taken for the safety and good health of campers, I release Beaver Creek Bible Camp, its directors and staff members from any and all liability in the event of an illness, accident, or misfortune that may occur to the applicant camper. Each camper must be covered by provincial health or equivalent medical insurance.
4. I as the parent or guardian give permission and authorization to the BCBC camp director or his designate to arrange for any special services or other requirements necessary for the campers welfare and good health including but not limited to medical advice, equipment, injections, anesthesia and surgery. In such situations the camp will make attempt to notify parents as soon as possible. As the parent/guardian I accept responsibility for any additional expenses that may result from such services.
5. I as the parent/guardian agree to permit reasonable use of photos and videos or other pictures of my child in promoting BCBC and its programs.

Other Medical Information

BCBC guarantees that there will be a trained medical worker on the premises each week of camp. All campers must be in good health upon their arrival at camp. To prevent a lice outbreak, all campers will be checked for lice as a part of the registration process.

Follow Up Program

During the summer some campers develop a keen interest in Bible study and in their own spiritual development. To encourage all campers to grow in their relationship with Jesus Christ, we enroll them in the Mailbox Club. BCBC counselors are encouraged to keep up their relationship with their campers by letters, email, phone calls, visits, and cabin reunions. We also plan fun events during the winter in the Interlake to give campers the chance to reconnect with counselors and cabin mates and to have a great time!

1. I release the use of my personal information for BCBC and it's associated ministries to contact our family about events, news and information deemed pertinent by BCBC.

DATE ____/____/____ SIGNATURE OF PARENT-GUARDIAN _____
MM DD YYYY

Campers Promise—I agree to respect myself, others, camp/personal property and the environment. I will try my best while participating in activities and obey all camp rules.

DATE ____/____/____ SIGNATURE OF CAMPER _____
MM DD YYYY

Thank you for filling out this form. It helps us to provide a high level of care for all campers!