



MAPLE SPRINGS 2017 Registration Form

Please print clearly

Camper's Name: _____

Gender: Male Female Birthday (DD/MM/YY): _____ / _____ / _____

Age (at start of camp selected): _____

Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Home #: () _____ - _____ Cell #: () _____ - _____

Alternate #: () _____ - _____

Email Address: _____

(Confirmation of enrollment will be sent via email. If no email address is provided, it is the responsibility of the guardian to contact us to confirm their child is registered)

Name of Church Attending (if any): _____

Cabin Mate Request (limit one): _____

(Must be same age or grade. Every effort will be made to honor requests)

New Camper at Maple Springs

Guardian: _____

Guardian: _____

Guardian Signature

Date

CAMP REGISTRATION: 3:00 p.m. Pick-up: 12:00 p.m.

CHECKMARK YOUR CHOICE

- Spring Break (Mar 19-24) \$185
- Spring Mini (May 5-7) \$60
- Explorer (July 6-8) \$90
- Adventure #1 (July 10-14) \$200
- Adventure #2 (July 16-21) \$220
- Adventure #3 (July 23-28) \$220
- Junior Teen (July 30-Aug. 4) \$220
- Adventure #4 (Aug 9-13) \$200
- Day Camps (Aug 10-12) \$70
- Mega Camp (Aug 15-22) \$280
- Senior Teen (Aug. 24-29) \$230
- Fall Mini (Oct. 27-29) \$60

All prices include GST.

PAYMENT OPTIONS

Please checkmark one of the following options:

If paying BEFORE June 1, 2017:

Payment in full enclosed

OR

\$50.00 deposit (current date) and cheque for the balance enclosed (post dated to June 1, 2017)

If paying AFTER June 1, 2017:

Payment in full enclosed

MEDICAL INFORMATION

Please print clearly - Please complete the following information.

Full Name: _____

Medical Health Number: _____ All required immunizations current? Y N

Doctor's Name: _____ Phone: () _____ - _____

Alternate Contact (*not the child's guardian*): _____

Relation to child: _____

Phone: () _____ - _____ Alternate Phone: () _____ - _____

Current Medications: _____

- All medications must come to camp in the form of a bubble pack from a Pharmacist, clearly labeled with name and dosage
- Please provide your own medications.
- All medication, including aspirin must be turned over to the first-aider.
- Every reasonable effort will be made to contact parents/Guardians if camper requires medical attention.

1. Allergies: _____

Asthma/Diabetes: If camper has asthma and/or diabetes, please provide details on a separate sheet of paper.

Explain: _____

2. Special Dietary Needs: _____

3. Are there activities (including water sports) in which the camper cannot participate, due to health or disability?

Y N

If yes, specify: _____

4. Is there any reason the camper may require extra supervision at any time?

Y N

If yes, specify: _____

MAPLE SPRINGS BIBLE CAMP & ONE HOPE MINISTRIES OF CANADA INFORMED CONSENT & ASSUMPTION OF RISK AGREEMENT

WARNING: By signing this document you will waive certain legal rights, including the right to sue, Please read carefully.

1. This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Maple Springs Bible Camp and One Hope Ministries of Canada (collectively the "Events"), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the "Parties") acknowledge and agree to the following terms:

DISCLAIMER

2. Maple Springs Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

DESCRIPTION OF RISKS

3. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant's participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment:

Archery, Flag/Touch Football, Swimming (Pool), Arts and Crafts, Performing Arts, Canoeing, Hiking, Slip and Slide, Field games.

4. The risks, dangers, and hazards also include, but are not limited to, injuries from:

- a) Failing to comply with the rules established for participation
- b) Bad weather conditions including hypothermia, sunstroke, or dehydration
- c) Vigorous physical exertion, rapid movements, and quick turns and stop
- d) Failing to remain within designated areas and supervised activities

Furthermore, the Parties are aware:

- a) That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
- b) That the Participant's risk of injury increases as he or she becomes fatigued.

RELEASE OF LIABILITY

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:

- a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
- b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation with the Organization and/or in the Events, or from the physical risks associated with same.

ACKNOWLEDGEMENT

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

Printed Name of Participant

Signature of Participant (ages 13-17 only)

Date of Birth

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

PARENT/GUARDIAN PERMISSION FORM – PLEASE READ PRIOR TO REGISTERING

In case of emergency, I understand 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 health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, 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 health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Maple Springs Bible Camp and One Hope Ministries of 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 photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I agree to allow Maple Springs Bible Camp to share my name, address & phone number with staff and churches affiliated with the camp.

As part of our child and youth protection policy (www.insafehands.ca) we are committed to honouring you as a parent/guardian and to asking your permission before any contact occurs between campers and our staff (Facebook, Twitter, phone calls, etc). Our staff would be honoured to be able to continue to stay involved in your child or youth's life after camp. Please sign below to indicate whether or not you give permission to our staff to stay in contact with your son or daughter. If you wish to discuss this further please contact the camp director by phone or email. If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

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 to 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.

Childs Name

Parent/Guardian Signature

Date