



# MAPLE SPRINGS 2020

## Registration Form

please print clearly

Camper's Name: \_\_\_\_\_

Gender:  Male  Female Birthday (YY/MM/DD): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age(at start of camp): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: ( ) \_\_\_\_ - \_\_\_\_\_ Cell #: ( ) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

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 \_\_\_\_\_

**We are only offering day camps this summer  
All campers must go home at the end of the day**

### MEDICAL 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: ( ) \_\_\_\_ - \_\_\_\_\_

Current Medications: \_\_\_\_\_

→ All medication must come to camp in the form of a bubble pack from the Pharmacist, clearly labeled with name and dosage  
 Please provide your own medications  
→ All medication must be turned over to First Aid

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

If yes, specify: \_\_\_\_\_

### CHECKMARK YOUR CHOICE

**Leadership Training #1** (July 2 – 5) **\$190**

**Adventure #1** (July 6 - 10) **\$200**

**Adventure #2** (July 13 – 17) **\$200**

**Adventure #3** (July 20 – 24) **\$200**

**Junior Teen** (July 27 - 31) **\$200**

**Leadership Training #2** (Aug 5 – 8) **\$190**

**Mega** (Aug 10 - 15) **\$220**

**Senior Teen** (Aug 17 - 21) **\$200**

**All prices include GST & Tuck**

### PAYMENT OPTIONS

Please checkmark one of the following options:

**If paying BEFORE June 1, 2020:**

Payment in full enclosed

OR

\$50 deposit (current date) and cheque for the balance enclosed

**If paying AFTER June 1, 2020**

Payment in full enclosed

**Maple Springs Bible Camp & One Hope Canada**  
**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(please print)

IN CONSIDERATION of being permitted to participate in any way at Maple Springs Bible Camp, (hereafter known as ministry point) operated by One Hope Ministries of Canada, I acknowledge, understand, and agree:

1. The COVID-19 virus pandemic remains an on-going threat. I understand that there still is a risk of exposure to the virus while my child attends the camp, in spite of the precautions that have been taken by the ministry point in following directions outlined by local health authorities to try to limit exposure to the COVID-19 virus or to other communicable diseases. I further understand if my child has a pre-existing condition, it may make them more vulnerable to the virus.
2. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I assume all risks related to the use of any and all spaces used by the ministry point.
3. To release from responsibility, the ministry point, including all missionaries, full-time and part-time, paid or volunteer, and the facilities used from any cause of action, claims, or demands now, and in the future that might arise out of the participant's participation in activities at the ministry point or from the physical risks associated with the activities.
4. I accept all risks relating to such activities including personal injury such as: cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur on the camp premises. **I understand these risks and will not hold the ministry point liable for any such injury.**
5. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behaviour in addition to any damage I may cause to the facilities utilized by the ministry point.

I have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms and the risks I am assuming by signing it, I sign it freely and voluntarily.

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Participant Signature (13 years and older) \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
(Address, City, Province, Postal Code)

**FOR PARTICIPANTS OF MINORITY AGE**

(under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms, and that I have given up substantial rights by signing it, and sign it freely and voluntarily.

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Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

To view One Hope Canada's Privacy Policy, please visit: <https://onehopecanada.ca/privacypolicy/>

**PARENT/GUARDIAN PERMISSION FORM FOR VIRTUAL CAMP**

**– PLEASE READ PRIOR TO REGISTERING –**

**Initials (please initial agreement)**

\_\_\_\_\_ I agree to allow my child to download and use the One Hope Canada MyCamp app, so that he/she can participate in live events, camp and cabin chats.

\_\_\_\_\_ I agree to allow photographs or video of camp activities, which may include my child, to be used in any and all camp promotional material including the sharing of photographs and videos with ministry partners of One Hope Canada.

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Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_