

## Complete Release Waiver of Claim & Assumption of Risk

1. The Camp Director reserves the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Possession or use of tobacco products, non-prescriptive drugs and alcohol are strictly prohibited.
2. The parents or guardians submitting this application are those having legal custody of the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the session of any court order referring to visitation rights.
3. While every precaution is taken for the safety and good health of our campers, SUNNYBRAE BIBLE CAMP, its directors and staff members, and other employees of facilities outside of the camp grounds are hereby released from any liability in the event of an illness, accident, or misfortune that may occur to the applicant camper. Each camper must be insured by Provincial Health or equivalent medical insurance
4. The signature of the parent/guardian on this application shall give the Camp Director the right to arrange for any special services or other requirements necessary for the best interest of the camper and shall give the Camp Director the right to approve or obtain medical attention necessary for the camper's welfare, including injection medication, anesthesia or surgery. In such situations the camp will attempt to notify the parents / guardians as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such services.
5. I understand that my child's photo may be taken for promotional purposes.
6. I have read this application form and accept the conditions of enrollment.

\_\_\_\_\_  
Name of Parent Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Numbers

\_\_\_\_\_  
Date

## MAY CAMP 2019 | MAY 17-20

.....  
\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

Sex: M  F

Age \_\_\_\_\_

Birthdate (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Youth Group

\_\_\_\_\_  
Food Allergies / Special Dietary Needs:  
.....

\_\_\_\_\_  
Personal Health ID #

\*provision of Personal Health ID is optional but highly recommended in case of emergencies

IN CASE OF ACCIDENT OR ILLNESS

Parents will be notified first. If not available, list one other person who could be contacted.

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number