

# 2020 CHEQUE & SPONSORSHIP REGISTRATION

\*\*\*PLEASE PRINT CLEARLY\*\*\*

Camp Number (please circle one):      **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**    **11**    **12**

Camper First/Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Province (State): \_\_\_\_\_ Postal (Zip) Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Grade in September: \_\_\_\_\_

Birth Date (dd/mm/year): \_\_\_\_\_ Gender:            MALE    FEMALE

Church Affiliation (if applicable): \_\_\_\_\_

Bunk Mate Request (only one request): \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

What is your spoken language at home? \_\_\_\_\_

Are you a resident of Canada:                      YES            NO

*If no, you must have medical insurance and send copies to the office with your registration form*

Allergies (medication, seasonal & food):                      YES            NO (if yes please specify)

Dietary Restrictions (wheat, dairy, vegetarian):                      YES            NO (if yes please specify)

Any chronic health problems (ADD, Asthma, etc.):                      YES            NO (if yes please specify)

Is bedwetting an issue:                      YES            NO (if yes please specify)

Any reason the camper may require additional supervision:                      YES            NO (if yes please specify)

Would you like to speak to our medical personnel prior to camp:                      YES            NO (if yes please specify)

Do you anticipate sending medications to camp?                      YES            NO (if yes please specify)

*\* Please note, medication is not permitted in the cabin, but will be stored on our on-site medical centre. A doctor or Nurse is on site at all times and will administer any medication. Over the Counter remedies are available.*

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_ Parent/Guardian Work Phone: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Emergency Contact Work Phone: \_\_\_\_\_

**EARLY DEPARTURE:** Camper will not be released early from camp unless accompanied by the parent/guardian or the person named here: \_\_\_\_\_

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**EARLY BIRD CAMPER FEE \$520 (GST INCLUDED)  
AFTER May 1<sup>ST</sup> CAMPER FEE \$535 (GST INCLUDED)**

CHEQUE NUMBER: # \_\_\_\_\_

CHEQUE AMOUNT: \$ \_\_\_\_\_

## Terms of Registration

1. I release Daybreak Point Bible Camp Society (the Society'), its employees, volunteer s representatives, directors and officers (collectively 'Daybreak') from all liability and waive against Daybreak all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever that the registrant (the 'Camper'), the next of kin or family may suffer as a result of the participation in the activities carried out on and in the vicinity of the Society's property. This includes but is not limited to all waterfront, ocean and land activities and the archery and pellet ranges. I voluntarily accept the legal risk, thereby expressly giving up any right of legal action against the Society.
2. Daybreak Point Bible Camp reserves the right to refuse a camper registration for any reason.
3. The Camp Director reserves the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that he/she has rejected the reasonable controls and supervision of the camp staff. No refund of camper fees will be available.
4. I will disclose all medical problems or concerns prior to camp. Failure to disclose medical problems or concerns at time of registration may result in dismissal.
5. I, the parent/guardian, give authorization for the medical professionals to administer first aid and health care. This includes giving the Medical Professionals authorization to approve and obtain medical attention necessary for the camper's best interests, welfare and good health including ordering injections, anesthesia or surgery, if the parent/guardian cannot be reached. I understand that all reasonable attempts will be made to consult with myself prior to treatment where possible, except in the case of minor illness and/or first aid where deemed appropriate.
6. Out-trips to various locations on the island are a regular event at camp and directors ensure that the range and difficulty of out-trip is appropriate to the age of the camper. If you have concerns about your child participating in out-trips please contact our office prior to camp beginning. Medical personnel accompany campers on all out-trips to provide medical attention when necessary. A registered nurse, OFA 3 attendant, and first-aid trained lifeguards are never more than 5 minutes away from your child. For further medical information click on Medical Info on our website.
7. I also give my consent for the Daybreak Point Bible Camp Society to use photographic images of my child, as named in the foregoing, on any camp promotional material (including brochures and website) used to promote the Daybreak Point Bible Camp Ministry.
8. I understand that upon completion of camp we are responsible to pick-up our child at the point of departure or make appropriate alternate arrangements.
9. Should the child need to be picked up early from camp due to prior arrangement or dismissal, the child will be released in accordance with the instructions made on this form or in writing prior to camp starting. Furthermore, Daybreak will provide transportation to Lions Bay Marina, but it will be the responsibility of the parent to arrange transportation from this point.
10. The parents/guardians are responsible for replacing property damaged by reckless behaviour of the camper.
11. Refunds of camp fees are not made for any campers departing early from camp for any reason, including health.
12. I consent to my child leaving Daybreak Point Bible Camp property for day out trips.

I have carefully read and agree to the waiver, terms and conditions of registration and understand all parts of the document. If any part of the document was unclear, I resolved these prior to acknowledging my consent. By signing the registration form above I understand that this is a complete release, waiver of claim and assumption of risk and is binding of my heirs, my administrators, personal representatives and myself.

I [PARENT OR GUARDIAN] AGREE TO THE TERMS AND CONDITIONS OF REGISTRATION (above) AND RELEASE THE CHILD MENTIONED BELOW TO THE CARE OF DAYBREAK POINT BIBLE CAMP, IT'S VOLUNTEERS AND STAFF.

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

Parent/Guardian Signature: \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_