

2024 CHEQUE & SPONSORSHIP REGISTRATION

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

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

Camper First/Last Name (please print clearly): _____

Email (please print clearly): _____

Address (please print clearly): _____

City (please print clearly): _____

Province (State) (please print clearly): _____ Postal (Zip) Code: _____

Phone Number (please print clearly): (____)____-____ Grade in September: _____

Birth Date (dd/mm/year) _____/____/____ Gender: MALE FEMALE

What is your spoken language at home?: _____ Church Affiliation (if applicable): _____

Bunk Mate Request (only one request): _____

Personal Health Number (please print clearly): _____ Resident of Canada: YES NO

Doctor's Name (please print clearly): _____ Doctor's Phone #: (____)____-____

Emergency Contact Full Name: _____

Emergency Contact Phone #: (____)____-____ Emergency Contact Alternate #: (____)____-____

EARLY DEPARTURE: Camper will not be released early from camp unless accompanied by the parent/guardian or the person(s) named here: _____

Any chronic health problems (Tick any that apply): Asthma Bed Wetting Diabetes Dizziness/Vertigo
 Ear-ache Eye infection Fainting Headaches/Migraines Blood Pressure Kidney Problems Motion Sickness Nosebleeds Seizures/Epilepsy Sinus Issues Skin Sensitivities Sleep Walking Severe Allergies (Medical or Food) Tonsillitis Other (please specify) No Issues **Please provide details and specify any allergies here:** _____

Social and Mental Health concerns are becoming more and more prevalent in children and teens. To help us understand what concerns your child or teen might be coming to camp with, we ask you to indicate below which concerns we might need to deal with at camp. These are kept in strict privacy with the director and medical staff knowing and responding. You may receive a call to clarify or to get more information prior to camp and to determine whether we can handle your child or teen's concerns.

Any Social/Mental Health concerns? (Tick any that apply): Aggressive Behaviours Towards Others Aggressive Behaviours Towards Self (i.e. self-harm) Anxiety Attention Deficit Disorder Autism Spectrum Depression Hyperactivity My child has an EA at school My child has an IEP at School Oppositional Defiance Disorder Previous suicidal attempt or suicidal ideation Selective mutism Separation Anxiety/Homesickness Social Anxiety Other (please specify) No concerns **Please provide details for how we can support your child at camp here:** _____

Do you anticipate sending medications to camp? YES NO Name of Medication _____

What it is used for: _____ Quantity Given: _____ Times Given: _____

**Please note, medication is not permitted in the cabin, but will be stored on our on-site medical centre. A doctor or Nurse is always on site and will administer any medication. Over the Counter remedies are available. Daybreak Point Bible Camp will follow all public health guidelines set by Vancouver Coastal Health and the Government of BC regarding health orders. Please ensure you update us if there are any changes prior to camp beginning for your child. This includes new diagnosis, changes in diagnosis and changes in medications.*

Do you have any dietary restrictions? (Tick any that apply): Celiac/Gluten Intolerant Food allergy Lactose Free Medical Condition (diabetes, etc.) Vegetarian No Issues **Please provide details and specify any allergies here:** _____

Daybreak strives to accommodate campers with dietary needs and food allergies. At this time, we offer special meal plans for gluten allergy and lactose allergy diets. We do not offer a meal plan for vegetarians/vegans but offer non-animal based proteins with our meals as alternative options. Known food allergies (nuts*, shellfish, oranges, etc.) and medically required diets must be indicated on the registration form. The Camp Head Cook may contact parents/guardians if they have any questions regarding significant allergies, medically required dietary needs or if they require further information. While our cooks will do their best to provide meals that meet these medical dietary needs we cannot guarantee there will be no cross-contamination. **While we are not a nut free facility we ask that no nuts are brought up by any campers or staff and do not provide nut based chocolate bars in our canteen. We do have items that "may contain traces of nuts" in our kitchen facilities.*

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Would you like to speak to our **medical personnel** OR **head cook** prior to camp? *(please select which one or both)*

Parent/Guardian Full Name: _____

Parent/Guardian Address *(circle here if same as camper)*: _____

Parent/Guardian Phone #: (____)____-____ Parent/Guardian Email: _____

Parent/Guardian Secondary Phone #: (____)____-____ Parent/Guardian Work Phone #: (____)____-____

Terms of Registration

1. I release Daybreak Point Bible Camp Society (the 'Society'), its employees, volunteers, 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 or while a Camper with the Society. This release and waiver includes but is not limited to all waterfront, ocean and land activities and the archery and pellet ranges. I voluntarily accept the legal risk on behalf of the Camper to participate at the camp run by the Society, and hereby expressly waive any right of legal action against the Society and Daybreak.

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 if a Camper is dismissed as a result of creating a hazard.

4. The parent or guardian is responsible for replacing or repairing any property damaged by a camper.

5. I authorize Daybreak's medical professionals to administer first aid and health care. This includes authorization to approve and obtain medical attention necessary for the Camper's best interests, welfare and good health including ordering injections, anesthesia or surgery. 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 by Daybreak.

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 on-site and readily available in any medical emergency.

7. I consent for the Society to use photographic/videography images of my child on any camp promotional material (including brochures, official social media channels and website) used to promote the Daybreak Point Bible Camp Ministry.

8. I understand that upon completion of camp I am responsible to pick-up our Camper at the point of departure or make appropriate alternate arrangements.

9. Should the Camper need to be picked up early from camp due to prior arrangement or dismissal, the Camper 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. It will be the responsibility of the parent or guardian to arrange transportation from this point.

10. Refunds of camp fees are not made for any campers departing early from camp for any reason, including health reasons, and any Camper departing due to COVID-19 infection.

11. I consent to my child leaving Daybreak Point Bible Camp property for day out-trips.

12. I will disclose all medical problems or concerns prior to camp, including any symptoms related to COVID-19. Failure to disclose medical problems or concerns at time of registration may result in dismissal and additional costs required for the transportation of any camper with symptoms related to COVID-19. Cancellations prior to the start of any respective camp will make you eligible for a full refund, as reasonably determined by Daybreak.

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.

Print Child's Name: _____

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

CAMPER FEE Before May 1st \$675.00 + GST = \$708.75 | CAMPER FEE After May 1st \$695.00 + GST = \$729.75

Paying by *(circle applicable options)*:

Cheque Credit Card E-transfer *(arranged via the office)*

I would like to set up a payment plan:

Set up Payment Plan *(arranged via the office)*

Payment Plan Dates and Amounts: _____

CREDIT CARD NUMBER: _____ EXP. (mm/yy): ____/____ CVV: _____

BILLING NAME: _____ ADDRESS *same as camper or new* _____

CHEQUE NUMBER: _____ **Total amount paid today:** _____