

Whitney Lake Bible Camp

Kids Camp 2021

When: July 12-16

Who: Grades 3-7

Price: \$230.00

A spot will not be held for your child if the form is not completely filled out.

Note 1: Boys cabins are full. If you would like to add a boy to the waiting list please send in his form without payment.

Note 2: Girls cabins are nearly full. Please send in a girls registration form without payment. You will be contacted if space is still available and then given 24 hours to send the payment.

Name: _____ Sex: F M Grade (fall 2021) : _____

Desired Cabin Partner (only one) : _____

Birthday: _____

Address: _____

Parents Names: _____ Parents Email: _____

Phone Number: (Home) _____ (Cell) _____

Alberta Health Care Number: _____

Allergies: _____

Medications (include Times/Dosages): _____

_____. Able to self-administer? (Circle) - Yes / No

Medical Conditions: _____

Is there any past or present illness which may affect campers as camp?: _____

Emergency Contact (if parents cannot be reached) : _____

I give consent to the camp's designated medical personnel to provide over the counter medication to my child as needed. (Circle) - Yes/ No

Signature of Parent/ Guardian: _____

Please send payment for registration fee by etransfer to wlbcc@onehopecanada.ca. Please also include in the message your child's/ children's name.

Please do not send extra for tuck money as tuck is included in the registration fee.

PARENT/GUARDIAN PERMISSION FORM

PLEASE READ PRIOR TO REGISTERING

Initials (please initial agreement)

_____ 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 Whitney Lake Bible Camp and One Hope 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 any and all camp promotional material including the sharing of photographs and videos with ministry partners of One Hope Canada.

_____ 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.

_____ Whitney Lake Bible Camp reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

_____ Whitney Lake Bible Camp reserves the right to cancel any week of camp and give a 100% refund.

_____ We count it a privilege that you are sending your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing summer missionary team, and they love to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel session and cabin devotionals. 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 missionaries (Faith Spark app, Facebook, Twitter, phone calls, etc.). Our missionaries would be honoured to be able to continue to stay involved in your child or youth's life after camp. Please initial to indicate whether or not you give permission to our missionaries 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 (please see camp website for contact information). If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

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

Informed Consent and Assumption of Risk

READ BEFORE SIGNING

Participant's Name: _____ DOB: _____

(please print)

IN CONSIDERATION of being permitted to participate in any way at (MINISTRY POINT NAME), (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, and sign it freely and voluntarily.

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.

Parent/Guardian's Signature

Date

Phone #

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Forms can be emailed to wlb@onehopecanada.ca