

Riverside Bible Camp Registration Form 2011 (one per camper please)

Please make sure all address information is complete.

Date: _____

Name: _____ Age at camp time _____ Boy ___ Girl ___

Address: _____ City: _____ PC _____

Home Phone: _____ Work Phone: _____

Cabin Partner _____ Church _____

(Only one of similar age, optional)

(if you attend)

Parents/Guardians Names: _____

Childs swimming ability: _____

Please register for one: Deduct \$10.00 for registrations received before June 15, 2011.

- ___ Family Camp June 30 - July 3
- ___ #1-16-18 Senior Camp July 3 to 10 \$150.00
- ___ #2-8-10 Children's Camp July 17 to 22 \$75.00
- ___ #3-13-15 Camp July 24 to 30 \$100.00
- ___ #4-10-11 Camp July 31 to Aug 5 \$80.00
- ___ #5-Squirts Camp Aug 9 to 11 \$30.00
- ___ #6-11-12 Camp Aug 14 to 19 \$80.00
- ___ #7-College & Careers Aug 19 to 21 \$60.00
- ___ 14+ Junior Staff Training July 10 to 13 \$50.00

Payable to: Riverside Bible Camp
Mail registration to:
Annabelle Screpnek
Box 6, Nampa, Alberta
T0H 2R0

Parent's Release Form

In signing this consent form, you are giving the camp permission to use pictures of your child for promotional use.

The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay and realizing each camper is covered by a reputable insurance plan, releases forever the Riverside Bible Camp and all individuals associated therewith, from any and all liability for any injury or damage which may be sustained by the undersigned and/or child of the undersigned or property of the same at or in transit to or from any camp conducted activity or under the auspices of the Riverside Gospel Fellowship. In case of emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order proper procedures for the treatment.

Signature

Camper application MUST be signed by Parent or Guardian

Medical / Health Information to be completed by a parent or guardian:

Camper's Name _____ AHC# _____

Is there any knowledge of past or present conditions?

Asthma _____ Diabetes _____ Home sickness _____ Bed wetting _____ Allergies _____

(If you have allergy meds or need EPI pens, Please supply your own)

Physical Restrictions (explain) _____

Are there any condition and/or treatment requiring care by the camper or staff? _____

List any medications that you do not want administered to your child? _____

PLEASE TURN IN ALL MEDICATIONS UPON ARRIVAL AT CAMP.

*Medications need to be picked up before the camper leaves the camp grounds.

*The cost of prescription drugs needed during camp will be paid by the parent or guardian.

*There is a first aid person at camp 24 hours a day.

*Parents will be notified by the camp of any illness or injury that may occur during the camp

*Emergency intervention will be administered to a child considered in distress, pending safe transport to nearest medical facility.

Signature of Parent or Guardian

Parent / guardian names (please print clearly)

Name/phone of person picking up my camper: _____

(Note camp ending times, also listed on website)

For unexpected circumstances that arise regarding camper pickup call camp phone: 780-971-2273

Please make a copy of this application for your records.