

CAMPFIRE MINISTRIES

ADVENTURE CHALLENGE REGISTRATION FORM 2011

(one applicant per form - make duplicates as needed)

FOR OFFICE USE ONLY	
Date Recv'd.	_____
Initials	_____
Paid by Cash	_____
Paid by Cheque	_____
Cheque Date	_____
Medical Complete	_____

Name: _____ Male Female

Age: _____ Date of Birth: _____

Mailing Address: _____

Parents / Guardian's Names: _____

Home Phone #'s _____ Work Phone #'s _____

E-mail Address: _____

_____ Aug 23 - 27 ages 19+ \$250.⁰⁰

FEE CALCULATION	
Camp Fees:	_____
CD Pictures of your week at camp (must be prepaid) x \$10	_____
Donation	_____
TOTAL	_____

I would like to help sponsor another child for summer camp in the amount of: \$20 \$50 \$100 \$ _____

Please make cheque payable to **Campfire Ministries**

Mail:	Campfire Ministries 7898 Island Highway Black Creek, BC V9J 1G5	Phone/fax: (250) 337-5423 Email: info@campfireministries.ca
-------	---	--

A completed Medical Form and payment in full MUST be sent in with the application form to reserve a spot. Camp will be filled on a first-come first-served basis. Early registration is recommended.

LIABILITY WAIVER:

- The camp director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of camp.
- I am confident that the Campfire Adventure Challenge staff will do their best to give my child the necessary support and supervision needed and I understand that the safety and health rules will be observed. I give camp personnel the authority to act on my behalf in case of emergency, including medical treatment. I understand that I am financially responsible.
- Where the camp program involves leaving the camp premises (e.g. overnights, canoeing, hiking, rock climbing, etc.) I give permission for my child to participate.
- I hereby release Campfire Ministries and Camp Bob and its personnel from all claims for damages arising from any accident or injury caused by my child's participation in the camp program.
- The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated, in writing, to the camp ... including photocopy of the section of any court order referring to visitation rights where applicable.
- The parents or guardians submitting this application understand that their child's photo will appear in the camp video and may be used in Campfire Ministries publications and promotionals.

Signed: _____ Date: _____