

David Thompson Bible Camp Retreat Registration Form 2026

Camper Name: _____ New ☐ Returning ☐ Sex: Male ☐ Female ☐

Birthday: (dd)____ (mm) ____ (yr) ____ Age (during camp): ____ Cabin Partner: _____

Address: _____ Town: _____ Prov: ____ Postal Code: _____

Father (First/Last Name): _____ Mother (First/Last Name): _____

Child Lives with: Both ☐ Father ☐ Mother ☐ Grandparents ☐ Fostercare ☐ Other ☐ _____

Home Phone : (____)____-____-____ Cell Phone: (____)____-____-____

Work Phone: (____)____-____-____ Email (Required): _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact: (____)____-____-____

CAMP SELECTION (Please check the camp of your choice)			
Camps (all ages as of 12/31/of current year)			
Camp Week	Dates	Ages	Price
☐ Spring Teen Retreat	May 8-10	12-17	\$85.00
☐ Fall Teen Retreat	Sept 25-27	13-17	\$85.00

PAYMENT

Reg fee: \$ _____

+ Donation: \$ _____

- _____ Discount: \$ _____

= Total Enclosed: \$ _____

(non-refundable \$50 deposit must be enclosed)

Medical Information

Health Care # _____ Province _____

Special Conditions: (please make us aware)

☐ Asthma ☐ Bedwetting ☐ ADHD ☐ Physical Restriction

☐ Diabetes ☐ Homesickness ☐ Epilepsy ☐ Other

Particulars: _____

Other Special Health Concerns (includes diet): _____

Medication: _____

Reason, frequency, and duration: _____

Allergies: ☐ Yes ☐ No (explain) _____

For mild conditions, DTBC offers over the counter medications such as: Tylenol (acetaminophen), Advil (ibuprofen), cough drops, cough syrup, Benadryl (or other anti-histamines), Dimetapp, Gravol, and Imodium. Please list any of these or other common medications that you **do not** wish to be administered to your child:

CAMP POLICIES

REGISTRATION TIMES – Drop off is Friday at 6:00pm. Pick up Sunday at 2:00pm.

CAMPER SIGN OUT POLICIES - In order to keep DTBC a safe place for your child, campers must be signed in and out if they need to leave site.

LOST & FOUND - Please label belongings to help limit lost & found. Please call us as soon as possible if you have lost belongings.

MEDICATIONS - All medications (over the counter medication and prescription medication, vitamins, etc.) must be handed in to the camp First Aider upon arrival each day. They may also be kept during the week if needed. Only the camp First Aider or delegate can administer medication. Medication **MUST** be in their original containers or dispenser.

TUCK - Each camper is provided tuck once per day which usually consists of a juice box and chips or a chocolate bar.

PAYMENT - Cash, cheques, money orders, e-transfers, or credit/debit (credit/debit handled online only and not onsite.) Cheques can be made payable to DTBC and can be mailed to BOX 2455, Fairview AB T0H 1L0. Please do not postdate cheques. E-transfers can be sent to office@dtbc.ca. Please indicate in the box who the payment is for and which week.

DEPOSIT - A \$50 deposit must accompany all registrations.

CANCELLATION POLICY - When a cancellation is made two weeks prior to a camp session, the fee, aside from the deposit, will be refunded. There will be no refund if the cancellation is made less than two weeks prior to the start of the registration camp session, unless in the case of a medical emergency.

I understand and agree that pictures may be taken during camp. These pictures may be used by David Thompson Bible Camp for promotions. ☐ Yes ☐ No (**must check one**)

Would you like to receive emails about upcoming camp and partner events? (You may unsubscribe at any time)

☐ Yes ☐ No (**must check one**)

I hereby give permission for this camper to attend this camp. **I have read and agreed with the policies and conditions in this document.**

Signature: _____ Date: _____
(Parent/Guardian if under eighteen)

DISCOUNTS PLEASE NOTE: In addition to the early bird discount, you may receive only **one** other discount if applicable.
EARLY BIRD - Claim a \$25.00 discount per registrant. Retreats are excluded. To qualify, cheques must be dated no later than April 30.
FAMILY RATE - Deduct \$25.00 per camper for the third and each additional child registered (immediate family only). Registrations must be mailed together.
BRING A NEW FRIEND – Bring a friend who has never attended and you and your friend can receive a \$25.00 discount. Restrictions may apply. Both registrations should include this discount.
VOLUNTEER DISCOUNT – Volunteers receive a 50% discount for one person. This discount is available for yourself (i.e JR or SR Summer Missions Team), children, or grandchildren, and must be prior to or during their camp week. Each volunteer qualifies for one discounted week of camp.
FINANCIAL AID – Financial aid may be available upon request, please contact the camp office for details.

Informed Consent and Assumption of Risk READ BEFORE SIGNING

Participant's Name: _____ (please print) DOB: _____

IN CONSIDERATION of being permitted to participate in any way at David Thompson Bible Camp, (hereafter known as ministry point) operated by One Hope Ministries of Canada , I acknowledge, understand, and agree:

1. 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.
2. 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.
3. 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.**
4. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behavior 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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