## DTBC Family Camp Summer Registration Form 2024

Number of Family Membe	ers Attending	g (	please list	all attending, their bir	thdays and	medical numb	er)
Name 1:				Birthday: (dd)	(mm)	(yr)	
Name 2:				Birthday: (dd)	(mm)	(yr)	
Name 3:				Birthday: (dd)	(mm)	(yr)	
Name 4:				Birthday: (dd)	(mm)	(yr)	
Name 5:				Birthday: (dd)	(mm)	(vr)	
Name 6:							
Name 7:							
Name 8:							
Address:			_ Town:				_
Home Phone :()_	<del>-</del>			Cell Phone: (	)		
Email (Required):							
Emergency Contact Name:				Relationship:			
Emergency Contact: (					_		
Accommodations: Bringir	-			Need a Cabin	Commut	ing from Home	
Accommodations. Dringin	ig your own	Rv / Loug	3111g5	_ Need a Cabiii	_ Commut	ing iroin frome	
CAMP SELECTION (Please check what applies)				CAMP POLICIES FAMILY CAMP REGISTRATION: Please sign in at the office when			
Fa Camp Week	mily Camp Dates	Ages	Price	you arrive. Registration			
☐ Family Camp		Ages		June 30 <sup>th</sup> at 1pm RV			
(Individual)	June 28-30	ages	\$82.50	know you are coming.  CAMPER SIGN OUT F	POLICIES - In o	order to keep DTBC	a safe place
☐ Family Camp (Couple/Family)	June 28-30	All ages	\$165.00	for you and your family before leaving the grou	, all must be si		
☐ Family Camp (ONLY	June 29	All	\$82.50	LOST & FOUND - Plea Please call as soon as			
SATURDAY) PAYMENT		ages		STORE - The DTBC st			
Reg fee:	\$			such as T-shirts, hoodi Please check the sche	,		
Reg fee: \$ + Donation: \$				PAYMENT - Cash, cheques, money orders, e-transfers, or credit/debit (credit/debit handled online only and not onsite.) Cheques can be			
Discount:				(credit/debit handled of made payable to DTB(			
= Total Enclosed:	\$			T0H 1L0. Please do no			
(non-refundable \$50 deposit mus				office@dtbc.ca. <b>DEPOSIT</b> - A \$50 depo	nsit must accor	nnany all registratio	ns
Medical Information (please	•	•		CANCELLATION POL	ICY - When a	cancellation is made	e two weeks
Health Care #1		Province		prior to a camp sessior refunded. There will be			
Health Care #2 Province							
Health Care #3ProvinceHealth Care #4Province			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				
Health Care #5 Province							
Health Care #6 Province							
Health Care #7 Province					neck one)		
Health Care #8		Province		Mould you like to reco	ماد مانمسم مین		n and
				Would you like to rece partner events? (You			p and
Food allergies:				☐ Yes ☐ No (must c	=	,	
				I hereby give permission read and agreed with			
				Signature:(Parent/(	Guardian if unc	Date	:
				(Faieill/C	ruai uiaii II UII(	ici cigilicell)	

**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:		DOB:
		(please print)
<ul> <li>(hereafter known as ministry point) operunderstand, and agree:</li> <li>1. Participation in activities could result the ministry point, accidents and it related to the use of any and all space.</li> <li>2. To release from responsibility, the time, paid or volunteer, and the fall now, and in the future that might a ministry point or from the physical results.</li> <li>3. I accept all risks relating to such scrapes, bruises, fractures, broked damage/loss, which may occur on hold the ministry point liable for the following point liable for the fo</li></ul>	rated by One Hopeult in possible per njuries may occuraces used by the ministry point, indicilities used from arise out of the prisks associated was activities including bones, concurate camp premise any such injury. Inistry point rules a suse to the facilities assumption of Risks	cluding all missionaries, full-time and part- any cause of action, claims, or demands articipant's participation in activities at the with the activities. and personal injury such as: cuts, sprains, assions, death, or any personal property as. I understand these risks and will not and take full responsibility for my behaviour as utilized by the ministry point.  Agreement, fully understand its terms and
Participant Signature (13 years and older)	Date	Phone #
(Address, City, Province, Postal Code)		
FOR PARTICIPANTS OF MINORITY AGI (under age 18 at time of registration)	E	
	k Agreement, fully	onsibility for this participant, have read this understand its terms, and that I have given untarily.
Parent/Guardian's Signature	Date	Phone #

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