



# Simonhouse Bible Camp

## 2012 Online Registration Parent/Guardian Signature

**THIS FORM MUST BE SIGNED AND RETURNED FOR YOUR CHILD TO ATTEND CAMP!**

Camper Name: \_\_\_\_\_

Camp Session(s) Attending: \_\_\_\_\_

Please sign this consent form and mail back to: **Simonhouse Bible Camp, Box 250 Cranberry Portage, MB R0B 0H0 or Fax: 204-472-3025**

### WAIVERS & CONDITIONS OF ENROLLMENT

- a. The Executive Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable. The parent/guardian certifies that the applicant camper is normal in condition and habits and is amenable to necessary discipline. Possession of and or use of tobacco products, non-prescription drugs, and alcohol are strictly prohibited.
- b. The parent or guardian submitting this application are those having legal custody of the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights.
- c. While every precaution is taken for the safety and good health of our campers, Simonhouse Bible Camp and its personnel and board members, are hereby released from any liability arising from any accidents or injury caused by the camper's participation in the camp program. Each camper must be insured by Provincial Health or equivalent medical insurance.
- d. The signature of the parent or guardian on this application shall give the Executive Director the right to arrange for any special services or medical attention necessary for the camper's welfare and good health including injection, anesthesia or surgery. In such a situation the camp will attempt to notify the parent or guardian as soon as possible. The parents or guardians are responsible for any additional expenses that may result from such services.
- e. The signature of the parent or guardian on this application shall give the First-Aid/Nursing staff the right to administer the use of any non-prescription drugs to the camper and relevant emergency treatment such as CPR, epi-pen, etc.
- f. All prescribed medication must be sent in the **ORIGINAL PRESCRIPTION BOTTLE** (please send sufficient supply with a few extra). If the medication is not in the original bottle or the label is not legible IT WILL NOT BE ADMINISTERED. Any over-the-counter medication must be in the **ORIGINAL PACKAGE** and be accompanied by parent instructions.
- g. I agree to allow Simonhouse Bible Camp to share my personal mailing address and phone number with churches affiliated with Simonhouse Bible Camp for the purpose of follow-up events and programs.
- h. The signature of the parent/guardian on this application shall give Simonhouse Bible Camp permission to use pictures and/or videos of the camper for promotional purposes.

***I affirm that the information given is correct and accurate. I have carefully read all the registration information and agree to abide by the Waivers & Conditions of Enrollment.***

**\*\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_