



Simonhouse Bible Camp
2017 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, # 206 – 35 Main St.
Flin Flon, MB R8A 1J7 or Fax: 800-282-1726**

WAIVERS & CONDITIONS OF ENROLLMENT

- a. The acting camp Director reserves the right to dismiss a camper who, in his/her 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. Possession of and or use of tobacco products, recreational drugs, and alcohol are strictly prohibited and grounds for dismissal.
- b. The parents or guardians 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 Camp Inc., its employees, directors and representatives (on whose behalf this agreement is made), are hereby released from any liability arising from illness, injury, loss or damage that may occur to the camper or campers' property.
- d. The camper is covered by Provincial Health or equivalent medical insurance, and that information is included on this registration.
- e. I give consent for the acting camp Director 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.
- f. I give consent for the First-Aid/Nursing staff to administer the use of any non-prescription drugs to the camper and relevant emergency treatment such as CPR, epi-pen, and medication given to the First-Aid/Nursing staff upon instruction of the parent/guardian.
- g. 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.
- h. I give consent for Simonhouse Bible Camp to use pictures, videos, and/or quotes 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 Name (printed): _____

Parent/Guardian Signature: _____ Date: _____