SPRING YOUTH RETREAT AT SUNNYBRAE BIBLE CAMP

COMPLETE AND RETURN TO YOUR YOUTH LEADER

Youth Group:	
Last Name:	First Name:
Address:	
	Province: Postal Code:
Phone:	E-məil:
Sex: M / F Аде:	Birthdəte (d/m/y)://
Personal Health ID #	
FOOD ALLERGIES/SPECIAL DIETARY NEEDS:	
🗆 Gluten Free 🗆 Dairy Free 🗆	🛾 Nut Free 🛛 Vegetarian

PACKING LIST

Other:

Bible + Notebook
Sleeping Bag
Pillow
Towel
Toiletries (Shampoo, Soap, Toothbrush + Paste, etc.)
Clothing for the Weekend (Undies, Socks, T-shirts, Pants, Hoodie/Sweater)
Outdoor Clothes (Warm Jacket, Boots, Toque, Mittens)
Runners
Flashlight
\$\$\$ for Canteen

DO NOT PACK | Clothes you care about • Any electronics • Drugs + Alcohol Valuables (jewelry, instruments, etc)



IN CASE OF ACCIDENT OR ILLNESS: Parents will be notified first. If not available, list one other person who could be contacted.

Alt. Emergency Contact _____ Phone #_____

Complete Release Waiver of Claim & Assumption of Risk

RISKS & BENEFITS: The program and activities offered by Sunnybrae Bible Camp are designed to pose appropriate challenges for participants, the enjoyment and educational benefit derived from recreational summer camp activities is, in part, a result of real and perceived risks inherent in these activities. Some of the benefits of participation include personal and spiritual growth, leadership development opportunities, teamwork and interpersonal skills, exposure to different activities and skills, and stewardship education. While Sunnybrae Bible Camp strives to manage risk, it is not possible nor desirable to eliminate all risk. We acknowledge that engaging in these activities may require a degree of skill and knowledge.

ACTIVITIES: All camp activities including but not limited to: Canoeing, Kayaking, Paddle Boarding, Swimming, Banana Boating, Wakeboarding, Skimboarding, Basketball, Volleyball, Pickleball, Soccer, Archery, Riflery, Wilderness Adventure, Outdoors, Horsemanship, Guitar, Rock Climbing, Floor Hockey, Drama, Laser Tag, Crafts, Low Ropes, Dirt Jumper Track Bicycling, Tree Forts, Field Games, Wide Games & Night Games.

I understand the Camp Director reserves the right to dismiss a camper who, in his / her opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of camp. In this instance there will be no refund issued.

I understand that I am to inform the camp of any special circumstances that may affect my child's ability to fully participate in camp activities. This would include serious behavioural problems and special medical or physical conditions.

I understand that the possession or use of tobacco products, non-prescriptive drugs and alcohol are strictly prohibited.

I authorize, for my child attending Kids or Teens Summer Camps, the managing of medications that accompany my child and the managing of common over-the-counter medications that might be needed. See OTC Form for more information.

I am confident that the Camp staff will do their best to give my child the necessary support and supervision needed, and I understand that the safety and health regulations will be observed. I give camp personnel the authority to act on my behalf in case of emergency, including medical treatment. (Parent/Guardian will be notified as soon as possible). I understand that I am financially responsible.

I give permission for my child to participate where the Camp program involves leaving the camp premises (e.g. overnights, canoeing, hiking, water-sports, etc.).

I hereby release the Camp and its personnel from all claims for damages arising from any accident or injury caused by my, or my child's, participation in the camp program.

I, the parent/guardian submitting this application have 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.

I give permission for Sunnybrae Bible Camp, as part of the Fellowship Baptist Churches in the interior region of BC, to share my child's contact information with the Fellowship Baptist Church in our residential area for the purpose of follow-up after camp.

I understand that in submitting this application my child's photo may appear in a camp video and may be used in the Camp publications or websites.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Phone Number _____ Date ____