

Pioneer Bible Camp

2024 Registration form

Last Name: _____ First Name: _____
 ___ Girl ___ Boy Age (at start of camp): _____ Date of Birth: _____

I am a new camper at PBC for 2024, and was referred by this camper: _____

<input type="radio"/>	Teen Week	(Ages 14-17)	Sunday, July 7 th – Friday, July 12 th	\$350
<input type="radio"/>	Intermediate Week	(Ages 10-13)	Sunday, July 14 th – Friday, July 19 th	\$350
<input type="radio"/>	Kid's Week	(Ages 7-9)	Sunday, July 21 st – Thursday, July 25 th	\$325

Mailing Address: _____
 (During the Year)

Postal Code: _____ Parent/Guardian E-mail Address: _____

Home Phone: _____ Work: _____ Cell: _____

Cabin Friend Request (One name ONLY): _____

I am bringing a bike to participate in the biking program (Note: camp has a limited number of bikes)

**A 10% deduction may be made if registration is completed before our early bird deadline of
 May 31, 2024**

Paid by: Cheque # _____ Cash BLMS

Please make cheques payable to **Pioneer Bible Camp**.
 To ensure your child's spot, mail both pages of the completed form AND payment to:

Camp Registrar @ Box 839 Smoky Lake Alberta T0A 3C0

As a camper and welcome guest to PBC, I agree to abide by camp rules.

Camper's Name: _____ Signature: _____

In consideration of Pioneer Bible Camp; permitting our children to enter and use camp facilities, we hereby waive all claims which we may have against PIONEER BIBLE CAMP, its agents or employees by reason of injury, accident or sickness which may occur to our child arising from or incidental to or while at camp or using camp facilities. In addition, we hereby give consent to allow our children to be used in PIONEER BIBLE CAMP media.

Parent's/Guardian's Name: _____
 (Please Print)

Parent's/Guardian's Signature: _____ Date: _____

PIONEER BIBLE CAMP BOATING PARTICIPANT WAIVER

READ this CAREFULLY as YOU are signing an IMPORTANT DOCUMENT!

Participation in boating activities involves the risk of personal injury. The use of boating equipment by persons participating in boating activities shall constitute acceptance of that risk regardless of the nature of injury. Pioneer Bible Camp, its staff, employees, leaders in training, and volunteers shall not be liable for any injury, loss or damage sustained or suffered by persons participating in boating activities at the Pioneer Bible Camp, whether caused directly or indirectly by the negligence or fault of Pioneer Bible Camp, its staff, employees, leaders in training, and volunteers or otherwise, and the participant/camper hereby waives any such claim. Where the parent or guardian of the participant/camper has consented to the participation of the participant/camper by signing this registration form, the parent or guardian hereby agrees to waive any claim against Pioneer Bible Camp which the parent or guardian may have for any injury, loss or damage sustained by the participant/camper and agrees to indemnify and save harmless Pioneer Bible Camp from any claim made by the participant/camper.

WARNING: Any participant with known physical conditions that may be aggravated by participation in this activity (examples: epilepsy, heart conditions, joint problems, a state of poor physical condition, etc.) should check with their physician before participating. Pioneer Bible Camp is not responsible for pre-event screening of participant and/or injuries incurred during the event. I have read and understand the above information:

Participant/Camper signature

Date

Parent/Guardian signature

Date

Pioneer Bible Camp

Medical Information

Alberta Health Care Number: _____

Family Physician : _____ Physician Phone Number: _____

Medical Concerns (if any): _____

Allergies (if any): _____

Activity Limitations (if any): _____

Please indicate the dosage and frequency of any prescription medication that your child will require during this week at camp, and the reason for the prescription: _____

Other Notes (if any): _____

Please authorize your consent for qualified camp staff to administer emergency medical treatment to your child if necessary, including the administration of over-the-counter medications and transportation to a medical facility for treatment.

Parent's/Guardian's Name: _____

(Please Print)

Parent's/Guardian's Signature: _____ Date: _____

Current health of camper: _____

(To be filled in by Nurse on camp registration day)

Nurses' Notes: _____

(To be filled in by Nurse on camp registration day)

Pioneer Bible Camp

Refund Policy

Pioneer Bible Camp will provide a refund for campers due to sickness or family emergencies. The camp will retain a \$40.00 registration fee; but will refund the balance of the camping fee if notification is given prior to the week of camp. The refund will be pro-rated if the camper needs to leave during the week of camp, based on the number of days attended.