

2018 SNOW CAMP REGISTRATION FORM

- Registering for:
- Junior High Snowcamp (grades 7-9) January 12-14
 - Senior High Snowcamp (grades 10-12) February 23-25

Cost: \$70/youth

Arrival time: 7-8pm on Friday evening, Departure 1pm on Sunday

Make cheques payable to Mennonite Church Alberta Snow Camps. Youth leaders please bring completed forms and payment to the retreat. The final numbers of people coming (youth and sponsors) should be emailed to valaqua@xplornet.com a week prior to the retreat if possible. We offer free accommodation and meals for every youth sponsor of a group. If you have any other questions, please contact Jon Olfert at Camp Valaqua (403)637-2510 or email valaqua@xplornet.com

Statement of Participation (signed by parent/guardian)

I hereby certify that I am the parent or guardian with legal custody of my child. Any conditions of custody, if applicable, will be communicated in writing to the Youth Leadership Team. I consent to participation of my child in all aspects of Mennonite Church Alberta's program, including hikes and outdoor activities. I understand that Mennonite Church Alberta and Camp Valaqua will do their best to give my child the support and supervision necessary and that health and safety rules will be observed. I recognize that in spite of reasonable safety precautions taken by Mennonite Church Alberta and Camp Valaqua, there are inherent physical risks to participants in camping programs and activities. I hereby release Camp Valaqua and the Mennonite Church Alberta conference and its employees, officers, directors and volunteers from all claims for damages arising from any accidents or injury arising from participation in any of Camp Valaqua's programs and activities. I give camp personnel the authority to act on my child's behalf in the case of an emergency, and to authorize medical treatments for my child if necessary (parent/guardian will be notified). I understand that I am financially responsible for expenses not covered by my health care plan. I understand that Mennonite Church Alberta and Camp Valaqua staff and volunteers reserve the right to dismiss a camper who in his/her opinion is a hazard to the safety and rights of others and that in such event I am responsible for picking up my child.

Signature: _____ Date: _____

I give Mennonite Church Alberta and Camp Valaqua permission to use any photographs or video footage of my child in promotional material.

Signature: _____ Date: _____



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CAMPER INFORMATION

Camper Name: _____

Preferred Name: _____ Boy Girl

Address: _____ City: _____ Province: _____

Postal Code: _____ Birth date: _____ Age: _____ Grade: _____

Parents/Guardians: _____

Ph. (H):(_____) _____ (W):(_____) _____ (C):(_____) _____

Email: _____

Emergency Contact: _____

(If parent/guardian cannot be reached)

Ph. (H):(_____) _____ (W):(_____) _____ (C):(_____) _____

Church: *(if any, for statistical purposes only)*: _____

CAMPER HEALTH INFORMATION *(to be completed by the parent/guardian)*

Health Card #: _____

My Child is immunized according to the Alberta Routine Immunization Schedule Yes No

Other Insurance Policy #: _____

Food Allergies: _____

Dietary Restrictions: _____

Medication Allergies: _____

Medications to be taken at Camp: _____

Are there any conditions (medical, social or emotional) we should be aware of that could affect participation in camp activities? *(please specify)*
