

2010 Camper Registration

Send this completed application form along with your chosen payment option to: **Redberry Bible Camp**
 Or Register Online at www.redberrybiblecamp.com
4-833 51st St. East. Suite 321
Saskatoon, SK, S7K 5C6
Phone (306) 477-4410

Please print in ink

Have you attended Redberry before? Yes No
 If yes, what year? _____

Campers Full Name _____ Gender _____ Birth Date ____/____/____ Age _____
Month Day Year Dec 31, 2010

Address _____ City _____ Prov. _____ P.C. _____

Parent (s) or Guardian (s) _____

Phone (H) _____ (W) _____ (C) _____ E-mail _____

Church attending (if applicable) _____ Denomination _____

Camp Selection: If you are registering for **Girls Ranch Camp** or **Family Camp** additional information is required and is available on our website or by contacting the camp office.

1st Choice: _____ Date: _____

2nd Choice: _____ Date: _____

Partner/camper preference:

I would like (friend's name) _____ to be in my cabin this year. (A camper may request **ONE** cabin mate, provided the same request is on the friend's application. Please limit to just **one**).

Please select 10 skills, ranking them in order from 1 – 10

FOR ADVENTURE CAMPS AND JR. HIGH CAMPS APPLICANTS ONLY PLEASE

(Little Boots Camp and Junior Camp take a tour though all the skills activities)

You will be placed into your first choices, as space is available.

- | | | | | |
|--------------------|--------------------|---------------|------------------------|----------------------|
| ____ Horsemanship | ____ Skateboarding | ____ Canoeing | ____ Mountain Biking | ____ Ultimate Sports |
| ____ Wall Climbing | ____ Rocketry | ____ Archery | ____ Drama | ____ Guitar Lessons |
| ____ Wood Carving | ____ Swimming | ____ Crafts | ____ Outdoor Adventure | |

If a camper wishes to participate in swimming lessons, you must provide last completed Red Cross swimming level _____

Family Camp Registration (For families attending Family Camp)

Name of Parents _____ Address _____

City/Town _____ Prov. _____ P.C. _____ Phone (H) _____

Name and ages of children (as of Dec 31st 2010)

1. _____ Age _____ 2. _____ Age _____
 3. _____ Age _____ 4. _____ Age _____
 5. _____ Age _____ 6. _____ Age _____

Accommodations required: Cabin Trailer Site Tent Site

Break-Down of Additional GST Charges

Main Camps	\$240 + 5% GST = \$252.00
Little Boots Camp	\$150 + 5% GST = \$157.50
Girls Ranch Camp	\$300 + 5% GST = \$315.00
Week at the Beach	\$200 + 5% GST = \$210.00
Family Camp Max	\$370 + 5% GST = \$388.50

Please Fill Out

\$30 Family Discount \$ _____
(if applicable. Please see pg. 3 of your brochure for more info)
 Sub-Total \$ _____
 Add 5% GST \$ _____
 Total Camp Cost \$ _____
 Amount being Paid Today \$ _____
Minimum deposit \$50 per registration

Please complete if paying by **CREDIT CARD**

Visa Master Card American Express

Cardholder Name: _____

Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____

For Office Use Only

Received	Camp	Camper Fee
Paid By	Deposit	Balance

Please fill out the Health Record Form and sign Liability Wavier on the reverse side of this page

Health Record 2010

Saskatchewan Personal Health # _____

Other Medical Insurance _____

Does applicant have any health conditions or problems restricting camp activity? _____ If "yes" please describe

Is applicant subject to: Asthma Diabetes Epilepsy

Bed wetting ADD/ADHD FAS Other _____

Immunizations up to date? Yes No

Is applicant on medication? _____ If "yes" explain

Is applicant on a special diet? _____ If "yes" explain

Does applicant have allergies? _____ If "yes" explain

Family Doctor

Phone _____

Emergency contact (if parent/guardian cannot be reached)

Name _____

Home _____ Cell _____

Dear Parents or Guardians:

In an effort to make your child's stay at RBC enjoyable, we keep a small supply of over the counter medication on hand to treat minor health problems. Medication is given only after assessment by the Camp nurse, and they will follow approved medical protocol.

Please review the following list of medication and indicate with your INITIAL the medication you will permit the camp nurse to administer.

- _____ Vitamin C (colds)
- _____ Echinacea (colds)
- _____ Advil (headaches/pain)
- _____ Imodium (diarrhea)
- _____ Tyenol (headaches/pain)
- _____ Visine eye Drops
- _____ Anbesol (tooth pain)
- _____ Nix (lice)
- _____ Opticrom (eye drops)
- _____ Claritin (allergies)
- _____ Gravol (nausea/vomiting)
- _____ Chlor-Tripolon (allergies)
- _____ Pepto-Bismol (upset stomach)
- _____ Tums (upset stomach)
- _____ Polysporin Eye/Ear Drops)
- _____ Reactine Allergy + Sinus
- _____ Benadryl (allergies/bug bites)
- _____ BenylinChildrens (colds)
- _____ RobitussinDM (cough/colds)

_____ Epi-Pen (Epinephrine Injection for life threatening allergic reactions)

_____ I grant the RBC Camp Nurse permission to administer the Prescription Medications I have provided

Please carefully read the Liability Waiver Agreement section of this form. The camper application/ health record form will not be processed without complete information and signature of parent or guardian

Liability Waiver Agreement – Statement of Parent/Guardian

- I am sure that the Redberry Bible Camp staff will do their best to give my child the necessary support and supervision needed and I understand that safety and health rules will be observed. I understand that the Camp Director reserves the right to dismiss a camper who is in his opinion a hazard to the safety of others. I hereby 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).
- The parent/guardians submitting this application are those having legal custody over 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.
- While every precaution is taken for the safety and good health of our campers, Redberry Bible Camp staff, volunteers, its directors, or the employees of facilities outside of the campgrounds are hereby released from all liability in the event of an illness or accident or misfortune that may occur to the applicant camper. Each camper must be covered by Provincial Health or equivalent medical insurance.
- The signature of the parent/guardian on this application shall give the Director permission to arrange for any special services or other requirements necessary for the best interest of the camper, and shall give the Director permission to approve and obtain 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 parents as soon as possible. The parents/guardians are responsible for any expenses that result from such services.
- I give Redberry Bible Camp and/or its designates permission to take my child off-site for various program activities.
- I understand that appropriate pictures are taken of various camp activities, and give my permission to Redberry Bible Camp to use those pictures on any publication, advertising, or web site.

Signature of Parent or Guardian

I affirm that all of the information given is correct and accurate. I have carefully read the Liability Waiver Agreement and agree to abide by it.

Name: (please print) _____ Signature of Parent/Guardian _____

Date _____

Girls Ranch Camp Questionnaire Experience required for Ranch Camp Novice Advanced

- How often do you ride? once / year once / month once / week multiple times / week everyday
- What horse programs/experiences have you been part of? Please explain (if any) Camp 4H Ranch Camp other _____
- What is your riding interest area? Horse training Roping Trail Riding All other _____
- Do you have your own horse? Yes No Can you bring your own horse? Yes No
- Do you own your own tack/equipment? Yes No Can you bring your own tack/equipment Yes No