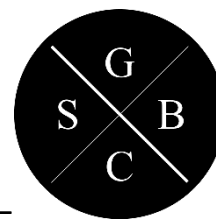


# GOOD SPIRIT BIBLE CAMP

## 2022 DAY CAMP REGISTRATION FORM



To respect your privacy: All information collected in this application is for identification, processing, obtaining medical information in case of an injury or illness, and spiritual discipleship. Information will only be shared with the following: (1) Camp staff as required, (2) Medical personnel in the case of injury or illness, (3) Government organizations as may be required by law, (4) Churches that our camp is owned by. We will protect your information by ensuring that proper safeguards are in place. By signing I authorize the collection and specified uses of this information. If you have questions or concerns regarding our policies, please contact the camp director.

**Please have an adult complete in full.**

**Camper Name:** \_\_\_\_\_ **Gender:** M / F **Date of Birth:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

### Check the days you would like to attend:

#### Scamper (ages 5-7)

August 3  August 4

#### Tween (11-13)

July 25  July 26  July 27  July 28  
 Aug 15  Aug 16  Aug 17  Aug 18

#### Junior (8-10)

July 18  July 19  July 20  July 21  
 Aug 8  Aug 9  Aug 10  Aug 11

#### Young Teen (13-15)

Aug 22  Aug 23  Aug 24  Aug 25

#### Senior High (15-18)

July 11  July 12  July 13  July 14

**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Email address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Roommate request:** \_\_\_\_\_

**Health Services Number:** \_\_\_\_\_ **Family Doctor:** \_\_\_\_\_

**Emergency Contact Name & Phone #:** \_\_\_\_\_

<b>Medical Conditions &amp; Medications:</b>	<b>Allergies:</b>

*Please inform us of any pertinent medical history, limitations to participating in camp activities, dietary restrictions, and any other relevant information regarding your child's health and wellness.*

**Lice Check:** I agree to complete a lice check prior to registration (Yes / No)

**Health Check:** I agree to assess my children for symptoms of the common cold, influenza, COVID-19 or other infectious respiratory diseases before sending them to camp (Yes/No).

## Payment Information

*This registration fee must be paid in full for the registration to be completed. If you require financial assistance, please fill out the financial assistance application on our Parents Info page and email it to us at [office@gsbcamp.ca](mailto:office@gsbcamp.ca) or mail it to our mailing address. Cheques can be made payable to Good Spirit Bible Camp.*

Calculations	Payment Details
Registration Fee: <input type="checkbox"/> \$40 first day <input type="checkbox"/> \$35 each day after the first: \$35 x __ (# of days) <input type="checkbox"/> Discount: _____  Total Owing: _____	<input type="checkbox"/> Etransfer (send to <a href="mailto:epayment@gsbcamp.ca">epayment@gsbcamp.ca</a> ) <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (cheque no. ____)  <i>This registration fee must be paid in full for the registration to be completed.</i>

## Camp Policies and Conditions of Enrolment

*Please visit the **Parents Info page** on our website to see camp policies and conditions of enrolment.*

### Medical Waiver:

I, the parent or guardian of \_\_\_\_\_ authorize Good Spirit Bible Camp staff to obtain and approve any and all medical attention and medical staff in the case of a medical emergency, with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and/or first aid where deemed appropriate; with the understanding that I will take responsibility for any additional expenses that may result from such services. I understand that there is a designated staff member responsible for first aid and administering approved medication. I hereby release Good Spirit Bible Camp and the Saskatchewan Baptist Association from any claim for any harmful effects resulting from the dispensing of the approved medication as aforementioned, and I hereby agree to release Good Spirit Bible Camp and the Saskatchewan Baptist Association (including Camp Board, Director, staff, and volunteers) from all claims that may be made as a result thereof.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Waiver:

I understand the risks involved with the activities associated with the camp program and give permission for \_\_\_\_\_ to participate fully in all program activities and to use all program equipment available at the camp. I accept and assume all risks, dangers and hazards including risk of personal injury, illness, loss of life or damage of any sort to the camper or the camper's property. I hereby release Good Spirit Bible Camp and the Saskatchewan Baptist Association (including Camp Board, Director, staff, and volunteers) of any and all liability. I consent to the collection and specified uses of the personal information on this form. I support the policies and conditions of enrolment of Good Spirit Bible Camp and agree, along with the camper, to abide by them.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Media Waiver:**

I give permission for GSBC to use any photographs or video of my camper for promotional and advertising purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Paintball Waiver:**

Paintball Waivers can be printed and filled out from our website on the **Parents Info page**. If your child is participating in paintball, please include this waiver in your form submission or bring it to camp on registration day.

**Additional Comments:**

[office@gsbcamp.ca](mailto:office@gsbcamp.ca)

Good Spirit Bible Camp, Box 295, Springside, SK, S0A 3V0

You will receive a confirmation email once your registration has been processed.