

# CAMP VALAQUA FIELD TRIP REGISTRATION

February 25, 12 years and older

April 6, 6-11 years old

## PARTICIPANT INFORMATION

Camper Name \_\_\_\_\_  Boy  Girl

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Age \_\_\_\_\_  
*(as of December 31/2010)*

Parents/Guardians \_\_\_\_\_

Ph. (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph. ( ) \_\_\_\_\_

How did you find out about Valaqua? \_\_\_\_\_

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

Health Card # \_\_\_\_\_

Food Allergies \_\_\_\_\_

Medication Allergies \_\_\_\_\_

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

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### 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 camp. I consent to participation of my child in all aspects of Camp Valaqua's program, including all activities. I understand that Camp Valaqua will do its 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 Camp Valaqua, there are inherent physical risks to participants in camping programs and activities. I hereby release Camp Valaqua and the Mennonites 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 the Camp Director reserves 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. I give Camp Valaqua permission to use any photographs of my child in promotional material.

Signature \_\_\_\_\_ Date \_\_\_\_\_