

CAMP VALAQUA SNOW CAMP REGISTRATION

I would like to register for:

- Junior High Snowcamp (Grades 7-9) January 22-24, 2010
 Senior High Snowcamp (Grades 10-12) February 19-21, 2010

PARTICIPANT INFORMATION

Camper Name _____ Boy Girl

Address _____

City _____ Province _____

Postal Code _____ Age _____ Grade: _____
(as of December 31/2010) (as of December 31/2010)

Parents/Guardians _____

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

Emergency Contact _____ Ph. (_____) _____

How did you find out about Snow Camp? _____

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)*

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 _____

Payment information:

Early Bird (before January 8th) - \$55

After January 8th - \$65

Make cheques payable to Camp Valaqua. VISA and MasterCard can also be processed by calling Camp Valaqua or at the retreat. Youth leaders please bring completed forms and payment to the retreat. The final numbers of people (youth and sponsors) coming to the retreat should be emailed to valaqua@xplornet.com before January 8th, 2010 to qualify for early bird rates. We offer free accommodation and meals for every youth sponsor of a group, but cannot accommodate more than one sponsor per 5 youth. If you have any other questions, please contact Jon Olfert at Camp Valaqua 403-637-2510, email valaqua@xplornet.com or visit www.campvalaqua.com.

