



# REGISTRATION FORM

# Echo Lake

Sharing Jesus. Training Leaders. Serving the Community.



### The "Not-So-Fine" Print

- ☛ One registration and medical form must be submitted for each camper.
- ☛ Registrations are accepted on a first-come basis.
- ☛ Camp fees include all regular camp programming, taxes, \$50 deposit, money for tuck, and a camp t-shirt.
- ☛ Early Bird discount if **PAID IN FULL BEFORE MAY 15**.
- ☛ This form must be fully completed (both sides), signed, and accompanied by the non-refundable \$50 deposit or full payment in order to reserve a spot at camp for your child or teen.

Save time and money - Consider registering online! [www.elbc.ca](http://www.elbc.ca)

### Camp Address

Box 137,  
Fort St. James, BC  
V0J 1P0

Phone: (250) 996-0227  
Fax: (250) 996-0188  
office@elbc.ca

[www.elbc.ca](http://www.elbc.ca)

### CAMPER INFORMATION

Camper's Name: \_\_\_\_\_ Age at Camp: \_\_\_\_\_  Male  Female

Birthdate: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Camper's T-shirt Size:  YS  YM  YL  S  M  L  XL

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Have you attended ELBC before?  Yes  No Are you connected to a local church?  Yes  No

Cabin Mate Request: \_\_\_\_\_

*Please Note: We try to honor one mutual request by campers the same age.*

Parent(s)/Guardian(s) with whom camper is living: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**In case of emergency, give the name of the person you would like notified if you are not available:**

Name: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### MEDICAL INFORMATION

We collect this information to provide the best possible care for your child or teen. It is shared only on a need-to-know basis, and is treated with discretion and respect. Please be as honest and as thorough as possible.

Medical Insurance Number (BC Care Card, etc.) \_\_\_\_\_

**Please indicate any special needs we should be aware of:**

Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any limitations that would prevent participation in an active program? Special Diet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioral	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Learning Disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have answered "yes" to any of the above, please explain.

Register and pay in full **before May 15** for the **Early Bird Rate**.

Registrations must be **received or post marked by May 15** otherwise full fees will be applied.

See website or contact the ELBC office for an LIT application package.

2016 Camps	Dates	Age <small>Dec. 31 2016</small>	Early Bird <small>Before May 15</small>	Full Fee <small>After May 15</small>	Arrive	Depart
<input type="checkbox"/> C1 Junior 1 (Tues - Sat)	July 12-16	7-10	\$195	\$205	1:30pm	11:00am
<input type="checkbox"/> C2 Action Camp (Mon - Sat)	July 18-23	10-12	\$220	\$235	1:30pm	11:00am
<input type="checkbox"/> C3 Splashdown (Mon - Sat)	July 25-30	9-12	\$230	\$245	1:30pm	11:00am
<input type="checkbox"/> C4 Rookie (Mon - Wed)	Aug. 1-3	5-7	\$120	\$130	<b>9:30am</b>	<b>4:00pm</b>
<input type="checkbox"/> C5 Junior 2 (Tues - Sat)	Aug. 9-13	7-10	\$195	\$205	1:30pm	11:00am
<input type="checkbox"/> C6 i-WILD Girls <i>Intermediate Wilderness</i>	Aug. 9-13	10-13	\$205	\$215	1:30pm	11:00am
<input type="checkbox"/> C7 i-WILD Boys <i>Intermediate Wilderness</i>	Aug. 15-20	10-13	\$240	\$255	1:30pm	11:00am
<input type="checkbox"/> C8 DYP (Develop Your Passion)	Aug. 15-20	12-14	\$240	\$255	1:30pm	11:00am
<input type="checkbox"/> C9 Teen (Mon - Sun)	Aug. 22-28	13-16	\$265	\$280	<b>4:00pm</b>	<b>1:30pm</b>
<input type="checkbox"/> L1 LTS 1 (Learning to Serve - 2 weeks)	July 18-30	*14-16	\$180	\$190	1:30pm	11:00am
<input type="checkbox"/> L2 LTS 2 (Learning to Serve - 2 weeks)	Aug. 9-20	*14-16	\$180	\$190		
<input type="checkbox"/> L3 LIT (Leaders in Training* - 3 weeks)	July 12-30	15-17	\$250	\$270		
<i>Must have completed Grade 10</i>		* Preference given to those who have completed Gd. 9, or equivalent age. <small>Taxes are included in all camp fees listed above.</small>				

### REGISTRATION CONFIRMATION

Please indicate how you would like you child's registration confirmed. (email is best for us)

Phone ( ) \_\_\_\_\_  Email \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  Mail *(will be sent to address given)*

If you bank with the Credit Union or Scotia Bank, you can pay your registration fee as a bill online.  
**Contact us for details.**

### Method of Payment

Cash  Cheque  MO  Visa  Mastercard  Online banking

If paying by Visa or Mastercard, please complete the following:

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Calculation of Fees

### Full Fee

### Early Bird Fee

Total Camp Fee	_____	_____
+ Staff Donation	_____	_____
= Total Payable	_____	_____
Amount Enclosed	_____	_____
	(minimum \$50 deposit)	(must enclose full amount)

## ECHO LAKE BIBLE CAMP AND ONE HOPE CANADA INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

**WARNING! By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

1. This is a binding legal agreement; therefore clarify any questions or concerns before signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Echo Lake Bible Camp and One Hope Ministries of Canada (collectively the "Events"), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the "Parties") acknowledge and agree to the following terms:

#### Disclaimer

2. Echo Lake Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

#### Description of Risks

The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant's participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment:

*Archery, Canoeing/Kayaking, Arts and Crafts, Ropes Course, Volleyball, Hiking, Swimming/Waterfront, Flag/Touch Football, Performing Arts, Snorkeling, Wall/Rock Climbing, Zip Lining, Basketball, Rifle/Slingshot Range, Rope Swing, Trampoline, Waterskiing/Tubing*

3. The risks, dangers, and hazards also include, but are not limited to, injuries from:

- Failing to comply with the rules established for participation
- Bad weather conditions including hypothermia, sunstroke, or dehydration
- Vigorous physical exertion, rapid movements, and quick turns and stop
- Failing to remain within designated areas and supervised activities

#### Furthermore, the Parties are aware:

- That the Participant's risk of injury is reduced if he or she follows all rules established for participation; and
- That the Participant's risk of injury increases as he or she becomes fatigued.

#### Release of Liability

4. In consideration of the Organization allowing the Participant to participate, the Parties agree:
- To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
  - To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant's participation with the Organization and/or in the Events, or from the physical risks associated with same.

#### Acknowledgement

5. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant (age 13-17 only)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Echo Lake Bible Camp and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I authorize Echo Lake Bible Camp medical staff to dispense any medication that will accompany my child and to dispense any common, non-prescription medications that may be needed (tylenol, graval, cough syrup, etc.).

Echo Lake Bible Camp reserves the right to request any participant to withdraw from their camp if the participant is not behaving in an appropriate and responsible manner. Campers dismissed under these circumstances are not entitled to a refund of camp fees.

I agree to allow photographs and/or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters. No names are used in any promotional material.  Yes  No

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD(REN) to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date

We count it a privilege that you sent your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing staff team, some of whom would love to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel sessions and cabin devotionals. As part of our child and youth protection policy ([www.insafehands.ca](http://www.insafehands.ca)) we are committed to honouring you as a parent/guardian, and to asking permission from parents/guardians before any contact occurs between campers and our staff (facebook, letters, phone calls, etc). If you wish to discuss this further, please contact the camp director by phone or email (please see [www.elbc.ca](http://www.elbc.ca) for contact info). Please indicate below whether or not you give permission for our staff to stay in contact with your son or daughter.  Yes  No

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

\_\_\_\_\_  
Date