

Office  
Date Rcvd

# Family Camp Registration

Office  
Inv. #

First \_\_\_\_\_ Last \_\_\_\_\_ If Attending Church, which one \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

## Family Camp

-June 30 - July 3

Pricing: "BYOT" Tents - \$100/Single      \$200/2 People      \$260/Immed. Family  
Accommodation - \$125/Single      \$225/2 People      \$350/Immed. Family  
"BYORV" RV - \$225/Couple      \$300/Immed. Family      RV Length \_\_\_\_\_ Feet

Children

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

Total Fee + GST \_\_\_\_\_ Total Number Attending 1 2 3 4 5 6 other \_\_\_\_\_

Payment (check one):  Cheque  Money Order  Cash

List any diseases or special conditions, you or members of your attending family have that we should be aware of. \_\_\_\_\_

List any food allergies you or members of your attending family have. \_\_\_\_\_

Please note for family camps, parent(s)/guardian(s) are responsible for the supervision, first-aid, and health care of their children / dependent(s).

## SIGNATURE, RELEASE WAIVER, AND ASSUMPTION OF RISK

In consideration of permission granted by Camp Silversides to use the facilities, I release Camp Silversides and its employees, volunteers, directors, and officers from all liability and waive as against Camp Silversides all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind that I may suffer as a result of participation in the activities carried out. I voluntarily accept the physical risk together with the legal risk of participating in Camp Silversides activities, thereby expressly giving up any right of legal action.

In addition:

- A) I agree to follow the rules and policies established by Camp Silversides.
- B) I give permission to the physician selected by the camp to provide proper medical treatment and agree to be responsible for all costs of treatment and care including ambulance service.
- C) I understand that not all health problems or injuries are avoidable. I voluntarily assume all the risks and hazards associated with my use of Camp Silversides facilities while participating in any activities shall be entirely at my own risk.
- D) I understand that in coming to Camp Silversides I will learn about the Bible from a protestant, evangelical perspective. I also understand that I will hear the plan of salvation and have the opportunity to accept Jesus Christ as my Savior.
- E) I give Camp Silversides the right to use photographs and videos, of me involved in camp activities, for promotional purposes.
- F) I understand that Camp Silversides does not permit me to participate in 2011 camp unless I sign the RELEASE WAIVER AND ASSUMPTION OF RISK which applies to all of the activities and that the terms of this agreement need not be brought to my attention each time I am participating in activities in order to be effective.
- 'G) This RELEASE WAIVER AND ASSUMPTION OF RISK is binding on myself, my heirs, my executors, and administrators. I verify that I am 18 years of age or older. (Parent or legal guardian must sign for minor)

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

Camp Silversides reserves the right to make rate and program changes with out notice or obligation

Mail or Fax with payment to:  
Camp Silversides, Box 519, Bentley, AB T0C 0J0  
p: (403) 748-2689      f: (403) 748-3300      e: info@silversides.ca