



Camper Registration Form Summer 2017



Please indicate which camp you are registering for:

- Holiday Camp #1 (July 10-14) \$200 (\$180 second child) (age 7-12)
- Holiday Camp #2 (July 17-21) \$200 (\$180 second child) (age 7-12)
- Teen Camp (July 31-Aug4) \$200 (\$180 second child) (age 13-17)

Registration Form Due:

Please return completed registration & medical forms & camp fees to your local Salvation Army Ministry Unit to complete the registration process.

Camper Information

Last name: _____ First name: _____

Gender: _____ Date of Birth: (dd/mm/yyyy) _____

Home Address: _____

Community: _____ Postal Code: _____

Household Information

Parent/Guardian Last name: _____ First name: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Second Parent/Guardian Last name: _____ First name: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Contact Number: _____

Relationship to camper: _____

Payment Information

What Salvation Army Ministry Unit (church, etc) are you applying through? _____

Is payment included with this application? _____

If no, please indicate payment arrangements: _____

***Camp Mountainview subsidies are available based on family need. Please contact your local Salvation Army Ministry Unit or the Department of Social Services for more information.**

Other Important Information

Has your child previously attended Camp Mountainview? _____ If yes, what year? _____

Cancellation Policy

More than four weeks before camp, all but \$50 is fully refundable. Less than four weeks, all but \$100 is fully refundable. There will be no refund once camp starts and no fee adjustment if a camper arrives late or leaves early or is dismissed due to disciplinary action.

Permission for Photographs, Video & Audio Recordings

- I give permission for The Salvation Army Camp Mountainview to take photographs, video and audio recordings of my child during his/her Camp Session and to use them for marketing, public relations and promotional purposes.
- I do not give permission.

Acknowledgement

By signing below, I confirm that I am the parent/guardian of the camper. I have full authority to make the following representations and agree that:

- The Camp Director may dismiss any camper when it is deemed to be in the best interest of the camper or camp.
- Camp officials have the authority to act on my behalf in the event of an emergency and/or special medical treatment. In such a situation, I understand that the Camp Director will attempt to notify the parent(s)/guardian(s) or other emergency contacts noted in this application as soon as possible.
- I will pay for all costs associated with any necessary prescription drugs and /or special medical treatment (including ambulance costs).
- I will notify Camp Mountainview if my child is exposed to an infectious disease during the three weeks prior to arriving at camp and/or in the event that any of the information contained in this application should change.
- I hereby release The Salvation Army and all organizations and persons associated with it from any and all claims relating to any loss, injury or damage sustained by my child and/or his/her property.

To the best of my knowledge, the information provided in this application is accurate and complete.

Signature of Parent/Guardian: _____ Date: _____

SA Ministry Unit Endorsement: _____ Date: _____