

# 2018 Emmanuel Summer Programs

EMMANUEL BAPTIST CHURCH  
2121 Cedar Hill Cross Road Victoria, BC V8P 2R6

Ph: 250-592-2418  
office@emmanuelvictoria.ca

Fax: 250-592-4646  
www.emmanuelvictoria.ca

One form per camper.  
Please PRINT clearly.

Ratio of Leaders/Child:

**Elementary Camps: 1 adult/7 children.**

**VBS Camps: Preschool 1 adult/5 children; Elementary 1 adult/8 children, plus teen volunteers.**

Camper's Surname: \_\_\_\_\_

Camper's First Name: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Age: \_\_\_ Grade Sept/18: \_\_\_\_\_

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Parent(s)/Guardian(s)

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

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

Email: \_\_\_\_\_

***If email address given, confirmation information will be sent via email.***

Home Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

How did you hear about our camps: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact

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

Medical Information: ***Your child must be covered by Provincial Health Insurance or equivalent medical insurance.***

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

PHN (Care Card #): \_\_\_\_\_

Health Concerns: ***Please specify allergies, health problems, medications or any other concerns***  
\_\_\_\_\_

**Special Needs.** If your child has special needs, a clear description of their needs must be attached to the registration form. We must have at least one month's notice before the camp, in order to prepare appropriately.

Office Use

Date Received:	
Amount due:	
Cheque received:	
Cash received:	
Total received:	

Please check the box(es) next to the camp(s) for which this camper is registering (ages and grades refer to the upcoming school year):

**July 9 – 13: Wet & Wild Water Adventure**  
[#1] 8:30 am – 5:30 pm. Cost: \$180  
 [#2] 9:00 am – 3:00 pm. Cost: \$110  
Grade 1-5

**July 16 – 20: Science & Soccer**  
[#1] 8:30 am – 5:30 pm. Cost \$180  
 [#2] 9:00 am – 3:00 pm. Cost \$110  
Grade 1-5

**July 23 – 27: Vacation Bible School - Shipwrecked**  
9:00 am - Noon. Cost \$25  
Ages 4 - Grade 5 (must be 4 by Dec. 31)

**July 30 – Aug 3: Barnyard Bonanza**  
[#1] 8:30 am – 5:30 pm. Cost \$180  
 [#2] 9:00 am – 3:00 pm. Cost \$110  
Grade 1-5

**Aug 7 – 10 (4 Day Camp): A Week of Holidays**  
[#1] 8:30 am – 5:30 pm. Cost \$144  
 [#2] 9:00 am – 3:00 pm. Cost \$88  
Grade 1-5

**Aug 13 – 17: Construction 101**  
[#1] 8:30 am – 5:30 pm. Cost \$180  
 [#2] 9:00 am – 3:00 pm. Cost 110  
Grade 1-5

**Aug 20 – 24: Sports Extravaganza**  
[#1] 8:30 am – 5:30 pm. Cost \$180  
 [#2] 9:00 am – 3:00 pm. Cost \$110  
Grade 1-5

For families attending Emmanuel Preschool & Afterschool Program or Emmanuel Baptist Church:

**Aug 17 - 19: Church Family Camp**  
Friday 6pm — Sunday 1:30 pm  
All Ages  
\$50 per person or \$200 per family.  
Free for children 4 yrs. old & under.

Proceed to the signature page on the reverse.

# Permission and Release Form

I, the Participant (print name of child), \_\_\_\_\_, understand that I am responsible to act in a safe and responsible fashion and obey requests to comply with health and safety regulations as directed by the designated leaders and drivers. I will be responsible for myself and wear available seat belts and not distract the driver when going to or from this event. During activities necessitating such, I understand it is my responsibility to obtain and wear suitable safety equipment. I will not endanger the safety of myself and others, at any activity, or in transportation to and from such activities. As parent / guardian, I hereby authorize the Participant to attend the functions, events and activities that will be part of this event hosted by Emmanuel Baptist Church and release its staff and members from responsibility and liability for any injury or illness that my child may sustain during this event or in transit to and from this event. I recognize that photos and videos of my children may be taken and used within the camp and church. Images will not be used in advertising outside the church or on our website unless permission is granted below.

As parent/guardian, I authorize the Participant to be transported by the designated leaders or drivers, or arrange for transport to the NEAREST SUITABLE MEDICAL OR HOSPITAL FACILITY in the event of an emergency situation that is not treatable at the scene. In such an emergency, I hereby authorize a supervising adult of the activity, as my agent, to consent to any medical/dental diagnoses and treatment advised and supervised by a physician, surgeon or dentist (as appropriate). I expect to be contacted as soon as possible.

**For children in Gr. 1 and up, please indicate their level of swimming ability:** \_\_\_\_\_

I  do /  do not permit to make use of my child's picture (video/slide projections) to be taken for use in the Emmanuel Baptist Church website, or for advertising, where the child's name will not be mentioned.

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

Date Signed: \_\_\_\_\_

- \* Please make sure your child comes in play clothes (shorts and t-shirts, no dresses) and with proper shoes for the gym (non-marking running shoes). No flip-flops or sandals please!!
- \* Please note all children must be toilet trained (no diapers).

Note: Registration is not complete until we receive a signed copy of this form, along with full payment.

## Refund Policy

If a registered camper is withdrawn from a camp, Emmanuel Baptist Church will observe the following refund policy:

*Full refund* if withdrawal is more than 31 days from the camp date.

*50% refund* if the withdrawal is *within* 31 days of the camp date; *100%* if the camper's space can be filled from a waiting list before the camp starts.

*No refund* if withdrawal takes place during the camp dates.

Please send completed Registration and Release form with payment to:

### **Emmanuel Baptist Church**

2121 Cedar Hill Cross Road

Victoria, BC V8P 2R6

Make cheques payable to "Emmanuel Baptist Church"