

## 2019 CAMPER REGISTRATION TORCH TRAIL BIBLE CAMP

Please print clearly and complete all highlighted lines.

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

IS THIS CAMPER A BOY \_\_\_\_\_ OR GIRL \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
mo day year as of camp fall 2019

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

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

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Home# \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Parental Email \_\_\_\_\_

Cabin Mate Preference: \_\_\_\_\_

(Both campers must request each other to guarantee placement. One person of the same or very close in age only)

### **\*ALL FEES INCLUDE T-SHIRT/TUCK/TAXES/SKILLS**

Early Fees: fees paid in full before April 30<sup>th</sup>, 2019

Late Fees: fees postmarked after May 1, 2019

				Early/Late
_____ TEEN	13-17 yrs.	June 30- July 5		\$325/\$350
_____ JR ONE	8-12 yrs.	July 7-12		\$325/\$350
_____ JR TWO	8-12 yrs.	July 14-19		\$325/\$350
_____ SQUIRT	6-8 yrs.	July 21-23		\$175/\$200
_____ PBCN 1	8-13 yrs.	July 29-Aug 2		\$350
_____ PBCN Grief & Loss	18+	Aug 5-8		\$350
_____ PBCN 2	11-16 yrs.	August 12-16		\$350
_____ LIT	15+	June 30-July 12		\$400

LIT includes teen camp week+ 1 week of classes for camp leadership. This training has a separate application process and class numbers are limited so please email [ttbc@sasktel.net](mailto:ttbc@sasktel.net) or call the camp to find out the application process.

**\*PLEASE NOTE: ALL CAMPS END AT NOON. INITIAL HERE THAT YOU WILL PICK UP AT THAT TIME. \_\_\_\_\_**

### **SELECT CAMPER T-SHIRT SIZE (included in fees)**

Youth SM(6-8) MED(10-12) LG(14-16) XL(18-20)

Adult: Small Medium Large X Large 2XL

Is this your first year attending Torch Trail? Yes No

Where did you hear about Torch Trail? \_\_\_\_\_

### **Emergency Contact:**

(In case parent or guardian cannot be reached)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **HEALTH FORM FOR CAMPER**

Saskatchewan Health Number: \_\_\_\_\_

Is the camper? (Please check the ones that apply)

Anaphylactic \_\_\_\_\_ Carry an Epi Pen \_\_\_\_\_

Seriously Allergic \_\_\_\_\_ if so, to what? \_\_\_\_\_

Details: \_\_\_\_\_

Any health Concerns? please attach notes.

### **Medications:**

**\*\*Please do not take medication breaks while at camp.**

All campers will meet with the nurse for any medical needs as well as for a lice screening prior to moving in to the cabins.

Although we cannot guarantee an allergen free environment, we will make every effort to accommodate children with severe allergies.

If the camper's fees are to be billed to Ministry of Social Services, please include that address and contact name here: \_\_\_\_\_

### **Discount Available:**

**\*\*\*Family Discount-** the first two children from the same family pay the full amount, and each additional child receives a \$50.00 discount.

FEES PAID BY: \_\_\_\_\_

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

Date of payment: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

☐ I PAID BY CHEQUE, CHEQUE# \_\_\_\_\_

☐ I PAID BY E-TRANSFER, CONFIRMATION # \_\_\_\_\_

☐ I HAVE INCLUDED A MONEY ORDER.

☐ I PAID BY CREDIT CARD ONLINE. **(PLEASE PRINT AND ATTACH CONFIRMATION PAGE TO REGISTRATION)**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Informed Consent and Assumption of Risk

## READ BEFORE SIGNING

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(please print)

IN CONSIDERATION of being permitted to participate in any way at Torch Trail Bible Camp, operated by One Hope Ministries of Canada (hereafter known as ministry point), I acknowledge, understand, and agree:

1. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I assume all risks related to the use of any and all spaces used by the ministry point.
2. To release from responsibility, the ministry point, including all missionaries, full-time and part-time, paid or volunteer, and the facilities used from any cause of action, claims, or demands now, and in the future that might arise out of the participant's participation in activities at the ministry point or from the physical risks associated with the activities.
3. I accept all risks relating to such activities including personal injury such as: cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur on the camp premises. **I understand these risks and will not hold the ministry point liable for any such injury.**
4. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behaviour in addition to any damage I may cause to the facilities utilized by the ministry point.

I have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms and the risks I am assuming by signing it, and sign it freely and voluntarily.

\_\_\_\_\_  
Participant Signature (13 years and older)                      Date                      Phone #

\_\_\_\_\_  
(Address, City, Province, Postal Code)

### FOR PARTICIPANTS OF MINORITY AGE

(under age 18 at time of registration)

This is to certify that, I, as parent/guardian with legal responsibility for this participant, have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms, and that I have given up substantial rights by signing it, and sign it freely and voluntarily.

\_\_\_\_\_  
Parent/Guardian's Signature                      Date                      Phone #

## PARENT/GUARDIAN PERMISSION FORM

– PLEASE READ PRIOR TO REGISTERING –

Initials (*please initial agreement*)

☐ 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 Torch Trail Bible Camp, and One Hope 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 agree to allow photographs or video of camp activities, which may include my child, to be used in any and all camp promotional material including the sharing of photographs and videos with ministry partners of One Hope Canada.

☐ 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.

☐ Torch Trail Bible Camp reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

☐ I agree to allow Torch Trail Bible Camp to share my name, address & phone number with personnel & churches affiliated with the camp.

☐ We count it a privilege that you are sending 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 summer missionary team, and they 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 session 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 your permission before any contact occurs between campers and our missionaries (Facebook, Twitter, phone calls, etc.). Our missionaries would be honoured to be able to continue to stay involved in your child or youth's life after camp. Please initial to indicate whether or not you give permission to our missionaries to stay in contact with your son or daughter. If you wish to discuss this further, please contact the camp director by phone or email (please see camp website for contact information). If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

Child's Name:

Parent/Guardian Signature:

Date:

## GENERAL IMPORTANT INFORMATION

### FEES, PAYMENTS, AND REGISTRATION:

- Fees include 2 items of tuck per day, (10 in total); a camp T-shirt, 3 skills per day, and all applicable taxes. Ever camper will have the chance to ride a horse and swim daily, (weather permitting.)
- Fees for ALL campers are due with registration forms.
- Each camp has an early bird discount of \$25 if registration is post-marked prior to April 30<sup>th</sup>, 2019. (exception is LIT camp)
- \$25.00 charge for NSF cheques.
- Cancellation Policy: We do not issue refunds for partial weeks, late arrivals, or early pick-ups for any reason. We will issue full refunds for campers that cannot come due to unexpected illness or lice. Refunds for cancellations with two weeks notice will be charged a \$50 handling fee.

### CHECKLIST FOR REGISTRATION:

- Complete all the forms in full
- Mail or email in the form with the following payment options:
  - **CHEQUES:** If the cheque is mailed before the April 30<sup>th</sup>, 2019, you may use the early bird amount.  
**WE DO NOT ACCEPT CHECKS AFTER JUNE 15<sup>TH</sup> UNLESS THEY ARE CERTIFIED.**
  - **MONEY ORDER:** You may send a money order.
  - **CREDIT CARD** You may call 306-428-2989 to charge your fees to a Visa or Master Card, or go to our registration page on our website to pay online.  
**(print off confirmation page and attach to registration)**
  - **E TRANSFER** You may e-transfer the money by calling 306 428 2989.

### ARRIVAL: SUNDAY 4:00-5:00

- All camps begin on Sunday with registration **NO EARLIER than 4:00 pm.** All children will be screened for head lice before moving into their cabin.

### \*PICK UP: FRIDAY NOON

All of our camps end with a closing program at 11:30am. Parents and campers are encouraged and welcome to attend a FREE BBQ lunch. Squirrt Campers can be picked up at 1:00pm on Tuesday. Parents, feel free to join us for lunch.

### PLEASE BRING:

- Sleeping Bag & Pillow
- Notebook, Pen, Bible if you have one
- Modest swimwear and towel
- Extra shoes, hat, jacket, rain gear
- Sunscreen, Bug Spray
- Warm clothes, old clothes, as well as several changes of clothes.
- Personal toiletries, toothbrush etc.

### PLEASE DO NOT BRING:

- **Cell phones, iPods, and all similar technology or money.**
- **All medications of any kind must be handed in to the camp nurse upon arrival.** The campers cannot have any medication whatsoever in the cabins.
- Bringing prohibited items to camp will risk the campers being sent home or the item being confiscated.

○ **TORCH TRAIL BIBLE CAMP**  
**Box 84 Choiceland, SK. S0J 0M0**

**QUESTIONS? CALL 306 428 2989**

**torchtrail@sasktel.net**