

REGISTRATION for SPRING VALLEY BIBLE CAMP 2021

Last Name _____ **First** _____ **Date of Birth (Month/Day/Year)** _____ **Age** _____

Home Phone _____ **E-mail address** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Grade in School next year (Fall 2021) _____ **Gender** _____

Church _____ **City** _____

CHECK YOUR CHOICE (Grades going into fall of 2021)

- | | | | | |
|--------------------------|-------------------|----------------|---------------------|---------------|
| <input type="checkbox"/> | Intermediate Camp | Grades 5 & 6 | July 5 – 9 | Cost is \$225 |
| <input type="checkbox"/> | Junior High Camp | Grades 7 & 8 | July 11 – 16 | Cost is \$250 |
| <input type="checkbox"/> | Senior High Camp | Grades 9 – 12* | July 18 – 23 | Cost is \$250 |
| <input type="checkbox"/> | HS Sports Camp | Grades 9 – 12* | July 25 – 30 | Cost is \$250 |
| <input type="checkbox"/> | Junior Camp | Grades 3 & 4 | August 1 – August 4 | Cost is \$200 |

*2021 graduated seniors may attend camp

Cabin Partner Preference: No more than two names. Your choice must also request you.

1st Choice _____

2nd Choice _____

_____ **Would you like to have your camper be a daytime only camper? Mark YES on the line.** (This is available as an option for all camps. Parents are responsible for transportation. Specific times will be determined with the camp director but approximate schedule would be 9 a.m. to 9 p.m. Cost is \$150.)

Are all immunizations required for school up-to-date? Yes No

Date (Month/Year) of last Tetanus Shot: _____

Anything we should know about your camper:

- | | |
|---|--|
| <input type="checkbox"/> Sleep Walks or Constant Night Movement | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bedwetting (chronic) | <input type="checkbox"/> Will need continued current medications |
| <input type="checkbox"/> Other _____ | |

Any allergies: _____

Physician's Name _____ **City** _____ **Phone** _____

Emergency Contact Name _____ **Emergency Contact Phone Number** _____

Medical Insurance Company _____ **Policy Number** _____

(OFFICE USE ONLY) POSTMARK RECEIVED _____

() **(Please check.)** I release my camper's photos and appropriate video to be used in brochures, on the camp website, or Facebook page as well as individual production for camp events. I understand that camp staff and volunteers will use good judgment in posting pictures on the website, keeping names and personal information private.

() **(Please check.)** To the best of my knowledge, I am in good health and have not been exposed to any infectious disease within the past three weeks. I give my permission for SVBC to secure any necessary medical treatment during the camp period. I also authorize any qualified physician to render treatment he or she deems necessary upon consultation with the camp director. I realize my insurance will be billed for any medical treatment as the primary coverage.

() **(Please check.)** I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that SVBC cannot guarantee that I will not become exposed to COVID-19 while attending activities at the camp. I understand that, by nature, some activities at camp will result in close contact. I am voluntarily participating in the activities offered by SBVC and acknowledge that I am increasing my risk of exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending camp, including but not limited to mask wearing where recommended, hand washing, frequent sanitization & social distancing when possible.

() **(Please check.)** I hereby release and agree to hold SVBC harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and composition for damage or loss to myself and/or property that may be caused by any act, or failure to act of SVBC, or that may otherwise arise in anyway in connection with any services received from SVBC. I understand that this release discharges SVBC from any liability or claim that I, my heirs, or any personal representative may have against the camp with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from SVBC. This liability waiver and release extends to the camp and all directors and staff.

Signature of parent/guardian

Date Signed

Print Name

Cell Phone

Work Phone