

**Camper's Last Name: (Please Print)** \_\_\_\_\_

**Camper's First Name:** \_\_\_\_\_  Male  Female

**Date of Birth: (must be 7 years old or finished Grade 1)**  
 Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Age: \_\_\_\_\_

**Name of sibling(s) at camp:** \_\_\_\_\_

Check **ONE** camp session per summer: \*see website/insert for dates  
**Camp:**  1  2  3  4 (Sports)  5 (Science & Nature)

**Bus Number:**  1  2  3  Own Ride (Driven to Camp, not on bus)  
**Bus Stop Name:** \_\_\_\_\_

\*See insert or website for bus schedules  
 Please be at bus stop **10 minutes** before departure/drop off times.  
**Camper is allowed to walk home from the bus on his/her own?**  
 Yes  No Please initial for permission \_\_\_\_\_

## Hope Valley Day Camp Registration Form

Only **ONE** camper per registration form. Please make copies as needed  
 Children are placed in teams according to age.

**Please check One:**  Juniors (7 and 8)  Seniors (9-12)  Teens (13-17)

**Medical Info/Special Notes:** (attach note if necessary). Please fill out even if child has attended previously. (ALLERGIES, PRESCRIPTION MEDICATIONS, BEHAVIOURAL OR SPECIAL CONSIDERATIONS, ETC); Please understand that if your child requires any special supervision at school, you must provide the same at camp, and we reserve the right to send campers home at our discretion.

*Continued on other side -->*

If possible, please team with: \_\_\_\_\_  
 (friend/sibling/other, same age group).

**Please consider a donation to keep the camp running!** To enable every child in our community an equal opportunity to attend camp, no registration fee has ever been required. The camp continues to be funded by free-will donations which are tax deductible. Please note that it costs the camp about **\$20 a day** to have a child at camp. **For more info visit: [www.hopevalley.ca](http://www.hopevalley.ca)**

OFFICE USE ONLY		STAFF INITIAL
Date Received:	By: Walk-in – Mail – E-mail	
Date Confirmed:	By: Walk-in -- Msg – Phone – E-mail	
Date Entered into Computer:		
Swim Lessons? <input type="checkbox"/>	Double Checked:	

### FAMILY INFO (Parent/Legal Guardian)

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Unit#: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Texts Ok?

Bus. /2nd Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Texts Ok?

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

\* If your child is staying at another address during camp, please attach a note to your registration form with the host's name, address & phone number.

\* I hereby give my consent for my child to attend Hope Valley Day Camp & participate in the programs. In case of a medical emergency, I give permission to the physician selected by Hope Valley Day Camp to hospitalize & administer proper treatment for my child.

\* I hereby give permission to have my child's photograph or video used in any promotional material Hope Valley Day Camp may produce. No Camper names are ever used.

\* Hope Valley is not responsible for lost or stolen items. Please do not send any valuables or electronic devices with the child to camp.

\* Hope Valley will not be held responsible for child who has been given permission to walk home from the bus stop, if the parent/guardian is not present

\* I have read this entire form & fully completed all sections and I further understand that an incomplete registration form may be returned to me at the address given & that my child will not be registered until Hope Valley receives a fully completed form.

**Alternate Contact: -Required! - In case we can't reach you.**  
*Must be a person other than the parent/legal guardian.  
 This person is also authorized to drop off & pick up camper.*

Full name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Texts Ok?

Relationship: \_\_\_\_\_ (Family/Friend/neighbour?)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I received this brochure from: (Please circle)  
 School – Mail – Internet – Church – Camp office – Friend – Business – Other \_\_\_\_\_