

Registration Continued - Parental Consent / Release

DESCRIPTION OF ACTIVITIES, RISK, AND MEDICAL CARE

Activities at the Whyteridge Baptist Church Camp Nutimik retreat can include walks up to 2 miles, running and exploring along bush trails and creeks, ice skating, games of strength, toboggan hill tubing, rigorous field, group, or gym games, including badminton, basketball, and dodge ball. Camp Nutimik and Whyteridge Baptist Church youth leaders make the safety and well-being of each student a top priority; however, there are risks of injury and/or loss associated with such activities. They can range from minor cuts and abrasions, to sprained joints, animal attacks, major cuts, concussions, broken bones, and even death. It is also possible for certain illnesses (e.g. colds, flus, strep throat, chicken pox, pink eye) to transfer from one student to another. However, students who become sick with a highly contagious illness are separated from the others or sent home. Camp Caroline staff will NOT be administering or supplying any medications to students during this retreat; if adult involvement is needed for administering medications, parents/guardians must give permission to the youth leaders.

EXPECTATIONS OF THE STUDENT

Students are expected to listen carefully and to obey the rules given at the beginning of the weekend and each activity session by the person(s) in charge, take responsibility for their own safety and well-being, and assist by informing/calling attention to situations which may cause injury to oneself and other participants.

ASSUMPTION OF RESPONSIBILITY & PARENTAL PERMISSION

I/we the undersigned parent(s)/guardian(s) of the registering student, acknowledge that I/we have read the above paragraphs, have completed the registration form and medical information fully and truthfully, and give permission for the registering student to participate in this senior high youth retreat at Camp Nutimik. I/we assume the responsibility for injuries to my child / children while at Camp Nutimik, and I/we will not bring an action for damages which might arise from these injuries. I/we give permission to the youth leaders of our church to administer over-the-counter medications (i.e Tylenol, Ibuprofen, cough syrup, Pepto-Bismol, etc) as needed, unless directed otherwise in the student's medical information. I/we also give permission to the youth leaders of our church and/or camp staff to approve and obtain medical attention necessary to the student's welfare and good health. If such a situation were to occur, the parent(s)/guardian(s) or other emergency contact(s) would be contacted as soon as possible, and must pay for any emergency transport and hospital / physician / medical expenses. I/we also grant permission to Whyteridge Baptist Church to use pictures/videos that may be taken of the student during the weekend for promotional purposes.

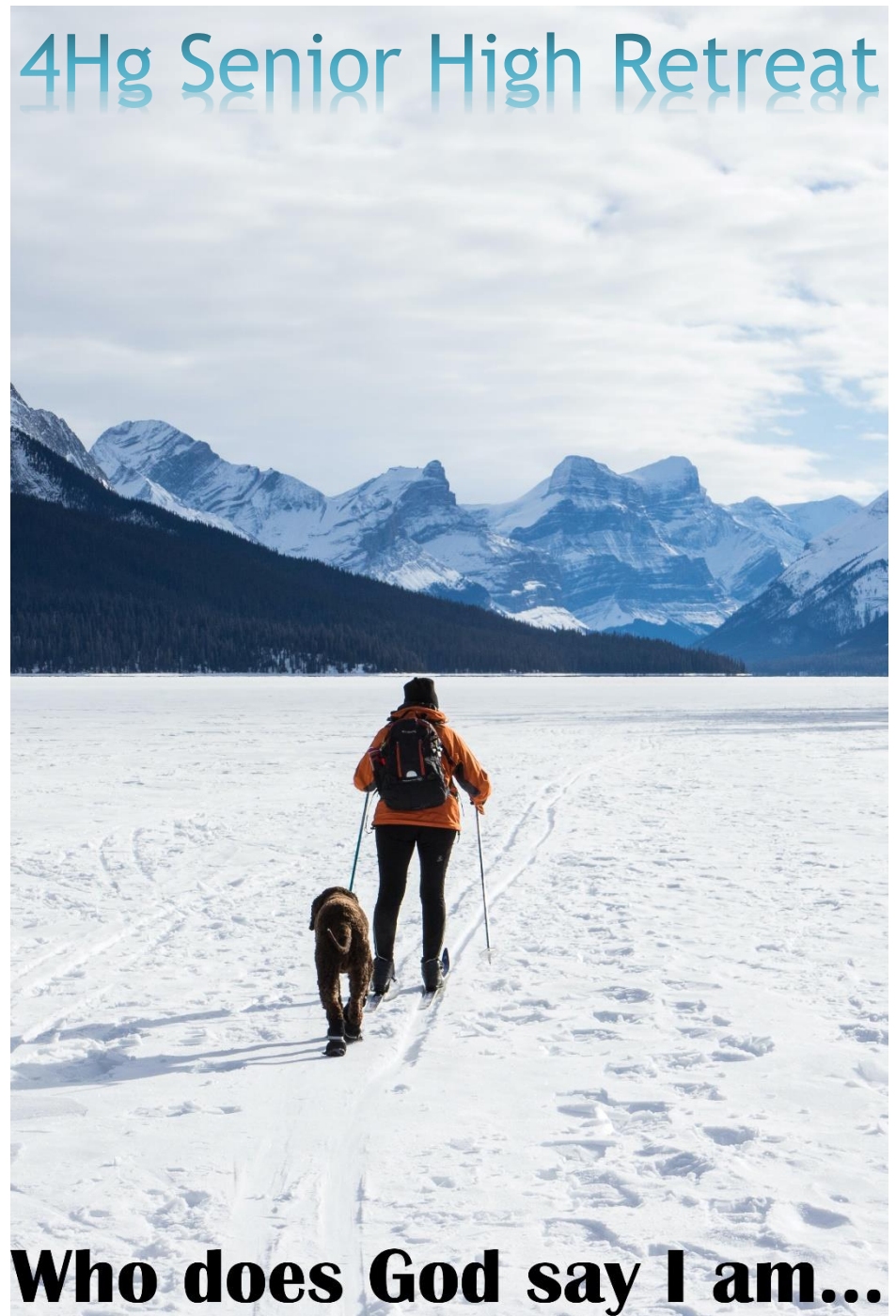
By checking this box I, as the Parent/Guardian of _____, confirm that my Child is fully Vaccinated against Covid-19 and their last dose was administered at least two weeks before the date of the Retreat, as per Government regulation Requirement.

Parent(s)/Guardian(s) Printed Name(s) _____

Parent(s)/Guardian(s) Signature(s) _____

Registering Student's Signature _____

Date _____



Costs

\$125 For Students

Registration Deadline is January 2, 2022
Payment can be made to Whyteridge Baptist Church

What to bring

- Bible - Very Important!
- Journal
- Toothpaste and Toothbrush
- Towels
- Pillow
- Sleeping Bag
- Outdoor and Indoor Clothes
- Warm Stuff to Wear
- Friends
- Indoor Shoes/Slippers
- Skates

What NOT to bring

- Any personal music devices
- Knives or other weapons
- Fireworks or any other such items

Registration

- Cut this form in two (down the solid line in the middle)
- Have your parents fill out BOTH sides of the registration form
- Sign and have your parents sign the registration form
- Give it to your youth leader by the date they ask for it!
- Hand in your full payment.

Questions

Contact Pastor Rudy Wall at rudy@whyteridgebaptist.ca or 204-489-3875.

Please read the information on the back side of this paper and be sure to have all the needed names and signatures. Then cut off this half of the form and return it to Pastor Rudy.

Registration

Name _____

Address _____

Home Phone _____

Circle All That Apply:

Male

Leader

Female

Student

Grade: _____

Food allergies or dietary concerns: _____

Medical Concerns _____

In Case of Emergency, call

Name _____

Phone _____

Alternate Phone _____

Email _____

Parental Consent _____