

Mountain View Bible Camp 2017 Registration Form

2671 Snyderstown Road * Danville, PA 17821 * Fax 570-672-2510

Registration policy – MVBC reserves the right to limit attendance at any camp session.

- ❖ **For the best rate, register online at mvbcamp.org. If you choose to complete this paper form, a **NEW FORM is required for every camp session**. MVBC no longer accepts phone in registrations. Fax this form to 570-672-2510. You may also mail this form to **MVBC, 2671 Snyderstown Road, Danville, PA 17821**.**
- ❖ **Important Notes: 1) Payment in full is required** at the time of registration. Please register at least 2 weeks before the camp session begins. **2) In the event of a cancellation, all funds will be returned if cancellation is made at least 2 weeks before the camp session starts. After that date, all funds minus a \$30 processing fee will be returned.**

A. Camper Information (One registration form per camper, regardless of age) PLEASE PRINT CLEARLY (Form may be copied)

Name _____ Date of Birth (M) _____ / (D) _____ / (Y) _____
 Address _____ Age _____ Grade _____ Male Female
 City _____ State _____ Zip _____ Email Address _____
 Telephone (_____) _____ - _____ Person who will pick up camper _____
 Choice of one roommate – same age as camper (we will do our best to honor your request) _____

B. Parent, Guardian or Responsible Party

Name _____ Relationship: Father Mother Guardian Other
 Address _____ Insurance Provider _____
 City _____ State _____ Zip _____ Effective Date _____ Policy # _____
 Telephone (_____) _____ - _____ I certify that this camper **does not** have insurance.
 Second Parent, Guardian or Emergency Contact: Relationship: Father Mother Guardian Other
 Name _____ Telephone (_____) _____ - _____

Lack of funds should not prevent attendance by anyone who has a sincere desire to attend camp. If financial assistance is needed, please contact MVBC prior to the camp session. Such requests and discussions will be handled on a confidential basis.

C. Camp(s) Attending Check the sessions for which you are registering – Please enclose full payment for each session.

*****Remember to check the box if you plan to arrive and/or depart on the camp bus!*****

Check Box	Date	Camp Session	Ages	Paper Rate	Bus Fee	Amount Enclosed
<input type="checkbox"/>	March 4	Men's Retreat	18+ (14 -17 with Adult mentor)	\$55	N/A	_____
<input type="checkbox"/>	April 7-9	Jr./Int. Weekend	8-13	\$95	<input type="checkbox"/> \$30	_____
<input type="checkbox"/>	April 28-30	Family Weekend	All ages	See Rates*	N/A	_____
<input type="checkbox"/>	June 2-4	Young Adult (No Kids)	18+	\$95	N/A	_____
<input type="checkbox"/>	July 2-8	Family Week	All ages	See Rates**	N/A	_____
<input type="checkbox"/>	July 9 – 15	Senior Week	14-19	\$315	<input type="checkbox"/> \$30	_____
<input type="checkbox"/>	July 16 - 22	Intermediate Week	11-13	\$305	<input type="checkbox"/> \$30	_____
<input type="checkbox"/>	July 23 - 29	Junior Week	8-10	\$295	<input type="checkbox"/> \$30	_____
<input type="checkbox"/>	September 22-24	Ladies' Retreat	18+ (14 -17 with Adult mentor)	\$95	N/A	_____
<input type="checkbox"/>	September 23	Ladies' Retreat	18+ (14 -17 with Adult mentor)	\$55 (Sat. Only)	N/A	_____
<input type="checkbox"/>	October 13 - 15	Jr./Int. Weekend	8-13	\$95	<input type="checkbox"/> \$30	_____
<input type="checkbox"/>	October 27 - 29	Senior Weekend	13-19	\$95	<input type="checkbox"/> \$30	_____
<input type="checkbox"/>	December 26-30	Winter Escape	13-19	\$235 (+skiing)	<input type="checkbox"/> \$30	_____

*Family Weekend Rates: – Adult \$95, Age 8-12 \$75, Age 4-7 \$60, Age 0-3 Free

**Family Week Rates: – Adult \$315, Age 8-12 \$180, Age 4-7 \$120, Age 0-3 Free

(An optional "family rate" of \$280 per weekend or \$900 per week is available if needed for larger families who may find it difficult to pay the entire fee.)

TO CHARGE CAMP FEES, PLEASE COMPLETE THIS BOX (All information required)			3-Digit Code: _____
Discover	Mastercard	VISA	Expiration Date: _____
Cardholder's Name (print) _____		Cardholder's Signature (required) _____	

Please be sure to fill out and sign the other side...

D. Health Information

1. Check the following if the camper has had: None below
 Mumps Measles Rubella Chicken Pox Jaundice Scarlet Fever Whooping Cough Polio
2. Check any of the following: None below
 Allergy to bee stings Asthma Food Sensitivity Diabetes Tendency to bed wet Frequent sore throat
 Allergy to chlorine Constipation Allergy to poison ivy Drug sensitivity Frequent ear ache
 Allergic to the following medicines: _____
 Any other allergies _____
Any other disease or disability for which the child now receives medical treatment _____
Immunizations, date of last shot: Tetanus _____ Polio: Injection _____ Oral _____
3. Camper may participate in all camp activities: Yes No
If no, state the activity and reason _____
4. Medication: If there is medication or other treatment to be given while at Camp, please send written instructions along with the camper. **NOTE: All medications MUST be in original containers.**
5. Family Physician _____ Telephone (_____) _____ - _____

By my signature below, I hereby authorize any insurance company, hospital, physician, employer or other person who has attended or examined the claimant to disclose when requested to do so all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records and itemized bills. A photocopy or electronic copy of this authorization shall be considered as effective and valid as the original. I affirm that the above information is true and correct to the best of my knowledge and further understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information material thereto with the intent to defraud an insurance company.

E. Conditions of Registration

1. The acceptance by the Camp of this application, and the signature of the camper, parent, or guardian on this application shall give the Camp Administration the right to obtain or approve any necessary medical attention, including dispensing of non-prescription medications for the applicant camper's welfare and good health and to arrange for any special services or other requirements necessary in the best interest of the applicant. The camper, parent, or guardian hereby agrees to pay for all such services as may be required.
2. The acceptance by the Camp of this application and the signature of the camper, parent, or guardian on this application shall give the Camp Administration the right to include this applicant in any Camp photographs, video productions and/or promotional materials without further permission. Further, Camp reserves the right to restrict phone and internet access while attending any Camp program.
3. While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, Mountain View Bible Camp, its trustees, and staff members are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
4. The Camp Administration reserves the right to dismiss a camper, who in his/her opinion is jeopardizing the safety and/or rights of others, or has rejected the reasonable controls of camp.
5. Personal belongings of a camper are the sole responsibility of the camper. Any items left behind or misplaced and not claimed within 30 days after a camp session ends will be donated to a ministry able to distribute such an item.

F. Code of Conduct

1. Smoking, gambling, weapons, drugs, illegal substances, and alcohol are prohibited at camp.
2. In order to maximize their attendance and experience at Mountain View Bible Camp, campers should not use most electronic devices at camp. These devices include laptop computers, music devices, video game players, and other similar items which should be left at home. Campers with such devices may be asked to give them to the administration who will return them at camp's conclusion. Phone and internet restrictions may also be imposed by camp at the management's discretion.
3. Cameras are commonly used by campers. Their use is acceptable as long as they do not infringe on the rights of others or disturb the activities of the camp program. Since digital cameras and photo apps on cell phones allow pictures to be viewed, any pictures shown (whether taken during camp or previously stored in camera memory) should not be offensive in any way.
4. Attendance is expected at all programmed activities.
5. Out of bounds: private homes, maintenance buildings, staff areas, kitchen and cabins of opposite sex.
6. Do not leave the campgrounds without prior arrangements from the camp director or administration.
7. Curfew times are to be respected.
8. Modest clothing and swimwear (modest one-piece swimsuits) are to be worn.
9. Any vandalism to property will be charged to camper or his/her guardian at full replacement cost.

G. Signature Required

By my signature below, I hereby agree that all of the information contained in this form is true to the best of my knowledge, that I accept the conditions of registration and that the camper will abide by the Code of Conduct and reasonable controls of camp.

Camper: (camper signature - even if under 18)

Name (print) _____

Signature _____

Date _____

Parent or Guardian: (only required if camper is under 18)

Name (print) _____

Signature _____

Date _____

Register online at mvbcamp.org or mail this form with your full payment to:

Mountain View Bible Camp, 2671 Snyderstown Road, Danville, PA 17821

Phone: 570-672-2296

Fax: 570-672-2510

Email: campinfo@mvbcamp.org

Web: www.mvbcamp.org