

APPLICATION FORM

Visit our website at www.pioneerpacific.ca, or contact the Pioneer Camp office for application forms for: Leader-in-Training (LIT), Pioneer Youth Crew (PYC), Cornerstone Adventures or Family Camp programs.



Session name _____ Session date: _____ 2010

Camper Information:

Birthdate: _____ Last Name _____ First Name _____ Called _____
 Age _____ Male Female Grade in September 2010: _____
 Month Day Year
 Home Telephone (_____) _____ E-mail _____
 Address _____
 City _____ Province/State _____ Postal/Zip Code _____
 If the camper wishes to be in the same cabin with a friend of the same age, please indicate here:
 Friend's name _____ Age _____
 Is this the first time for the Camper at Pioneer Pacific? or Are they a returning Camper?
 How did you hear about Pioneer? Family Church Newspaper Another Camper Internet
 Does camper attend church? No Yes If yes, which one: _____

Parent/ Guardian information: (Whom the camper is living with)

Parents/Guardian Name(s) _____
 Home Phone (_____) _____ e-mail _____
 Father: Business phone (_____) _____ Cell Phone (_____) _____
 Mother: Business phone (_____) _____ Cell Phone (_____) _____

Fees & Travel info: "The Pioneer Way" is travel arranged by Pioneer Camp. More details about travel will be in your information package that will be sent to you in June 2009. Cost of round trip to camp is \$63.00 from Vancouver; \$18.90 from Chemainus (incl. GST). Cost of staying over between camps (Saturday night) is \$21.00 (incl. GST)

Fees:

Camp fee \$ 395.00
 GST \$ 19.75
 Spending money \$ _____
 Travel \$ _____
 Stay-over Fee \$ _____
TOTAL DUE \$ _____

Spending money can be used in the Tuck Shop to buy:
 T-shirts \$12-\$15
 Sweat-shirts \$20-\$40
 other items \$1-\$10
 Suggested amount \$25 - \$50

Sign up before March 1st 2010 and get a free T-shirt!
Size is required:
 Youth: YS YM YL
 Adult: Sm M L XL

PAYMENT: (please check the following where applicable)

1. Payment in full enclosed:
 - Cheque or money order
 - Credit Card
- or: 2. I would prefer to pay a deposit now and pay the remainder later.
 - I have enclosed a cheque for the deposit (\$200) and a post-dated cheque for the balance. Post-dated cheque should be dated one month before the start of camp.
 - Please take the deposit from my credit card now and a post-dated payment on _____. Post-dated payment should be no later than one month before the start of camp.

Credit Card # _____ - _____ - _____ - _____ Name as on credit card _____
 Expiry Date: ____ / ____ 3 digit security code _____ Signature _____

I would prefer to receive my information package by mail e-mail

Office Use Only:
 Confirm _____ M / Em Information _____ M / Em Dep _____ / _____ PD _____ / _____



CAMPER HEALTH FORM

Camp Session: _____ **Date:** _____ **2010**

Camper's Full Name _____ Height _____ Weight _____

Care Card # _____ or Medical plan _____ ID# _____

Emergency contact: (other than parents/guardian, who will be called first)

Name _____

Relationship to Camper _____ Phone _____

Physician's Name _____ Phone _____

Medical History & Special Needs

Please be open about the information you give us. Disclosure will not necessarily prevent a child from coming to camp, but failure to inform us could lead to difficulties. Without good information, we are less able to provide a positive experience for your child. Such situations might even result in the child having to be sent home at your expense.

Does the camper have any life-threatening medical condition of which we need to be aware?

Yes No

Physical Difficulties

Yes No

Emotional Difficulties

Yes No

Social Difficulties

Yes No

Behavioural Concerns

Yes No

Learning Difficulties

Yes No

Does your child need a teaching assistant, or in a special class at school ?

Yes No

If yes to any question, please explain:

Current medications: _____

Allergic Reactions: As a "Nut Aware" facility, we do not use nuts or nut oil in our cooking. However, we cannot guarantee a nut free environment.

Penicillin Bee Stings Foods Insect Bites Environmental Other Drugs (list below)

Other: _____

Date of last tetanus shot _____

Camper's are expected to have had a tetanus shot within the last ten years. If they haven't, please arrange for one.

Any special diet? No Yes If yes, please give details: _____

Is there anything else we should know about your child? _____

Waiver, Policies and Conditions of Enrolment:

- I, the parent or guardian of the above named participant, give my voluntary consent to his/her participation in IVCF/Pioneer Camp activities. Furthermore I authorize IVCF, its staff or agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above named when ordered by professional medical staff, with the understanding that all reasonable attempts have been made to consult with myself before hand except in the case of minor illness and/or first aid where deemed appropriate.
- I release IVCF, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.
- I understand that IVCF, its staff or agents reserve the right to dismiss a participant who is in their opinion a hazard to the safety and well being of others, or who appears to have rejected the reasonable guidelines of the activity.
- I understand that an evaluation of my child may be necessary in order to determine whether he/she can be accommodated at camp.
- I agree to permit reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities and programs.
- I have read the application form and brochure and accept the conditions of enrolment

Refund Policy: In the event of cancellation, refunds will be made according to the following schedule:

Up until weeks before camp start date** Refund, less \$100.00 administration fee.
 Less than 2 weeks before camp start date** No Refund **With a physician's note a full refund provided.

Signature of Parent/Guardian: _____ **Date:** _____

Please completed form and mail or fax to:

Pioneer Pacific Camp, Box 5-10, Thetis Island, BC V0R 2Y0, Canada

Tel: (250) 246-9613 Fax: (250) 246-1202 Toll free 1-800-784-1415

email: camp@pioneerpacific.ca

NOTE: If you have indicated that your child has any severe life threatening allergy or medical condition and you wish to continue with the camper application, you must call our office and discuss your child's condition before the application will be processed.