

SNO-CAMP FEBRUARY 2012

BRAMALEA BAPTIST CHURCH

Friday, February 24th-Sunday February 26th, 2012

9050 Dixie Road, Brampton, ON L6S 1J3 Phone: 905.451.6088

Dear Camper and Parent(s),

This year we will be joining FEB Central for a weekend of relationship-building, spiritual recharging and an all around good time! The cost of the weekend is dependent upon whether you get your form in before January 17th! If handed in before this date, the cost is \$140.00. If you hand it in after that date, the cost will be \$150.00. So let's get those forms in!!!

We will have many activities to take part in, and friendships to create and strengthen. Throughout the weekend these activities will be taking place (weather permitting, for some of course): Wall Climbing, Talent Show, Volleyball Tournament, Snow Tubing, Roller skating and Skiing. We will sign up for these upon arrival to the camp.

Please Bring: A sleeping bag, pillow, toiletries, toothbrush and toothpaste, warm clothes, hat, gloves or mittens, a scarf, indoor shoes, indoor clothing for any indoor activities, your B-I-B-L-E, tuck shop money, and a camera (if you're into picture-taking).

Please DO NOT Bring: Alcohol or drugs, weapons of any kind, live animals, dinosaurs, mythical creatures, jokes that are not funny.

CHECK-IN: for the bus will be on **Friday, February 24th, at 5:00 PM** at the front doors of Bramalea Baptist Church. We will stop for dinner on the way up so bring some money for food! *Please don't be late for the bus!*

PICK-UP: Parents, prepare to pick up your son or daughter on **Sunday, February 26th at 4:00 p.m.** when the bus returns from Sno-camp. The return time could be affected by weather or road conditions. We will send out an email the morning of if there are suspected weather issues and will keep you up to date as to changes in pick-up times.

Hope to see you at Sno-Camp!!!

Dan Gibson and the Quarry Leadership Team

email: dgibson@bramalea.org

phone: 905-451-6088 ex. 226



Individual Guest Waiver

The guest group will be responsible to satisfy itself that the participants of any activities have the requisite skill, provided any necessary supervision by responsible persons and see that all individual safety requirements are observed by participants, and Muskoka Woods shall have no responsibility for accident or injury.

Without assuming any liability, and in the interests of safety, in the case of any use of any of these special facilities, Muskoka Woods reserves the right, through any of its responsible employees, to insist upon all appropriate safety rules and procedures being observed and upon any degree of supervision it considers advisable being provided by the guest group, and to limit or terminate the use of any such special facilities as it may consider advisable.

In the event that a guest requires medication, X-ray, or treatment beyond that which is possible at Muskoka Woods, the guest group will be charged with the additional expense of transportation and special care. It is the responsibility of the guest group to notify the affected guest's family.

I/We authorize the administration of any first aid treatment necessary at Muskoka Woods, and in the case of medical emergency, give permission to the Physician selected by the guest group staff or sponsors to hospitalize and secure proper treatment for my child as named above. Every effort will be made to contact parents or guardians before such action.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Muskoka Woods, Muskoka Woods Youth Camp Inc., Gwitmoc Foundation (formerly John Albert Boddy Youth Camp Foundation) and Lawrason Bay Foundation (formerly Marie Boddy Foundation) and their respective members, agents, volunteers, employees, officers and directors (the "Releasees") from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of the Muskoka Woods including any programs or otherwise, unless any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

The undersigned agrees that any and all actions arising out of this agreement or the use of the Muskoka Woods will be governed by the laws of Ontario, Canada and consents to the exclusive jurisdiction of the courts in Ontario, Canada in any and all such actions.

****Group members under 18 years of age require the signature of a Parent or Guardian****

**** DO NOT remove bottom portion of waiver****

Name of School or Group: _____

Dates of Trip: _____

NAME OF PARTICIPANT

DATE SIGNED

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/GUARDIAN
(IF NECESSARY)

AUTHORIZATION AND MEDICAL CONSENT FORM

For the year 20__/20__

Participant Name _____

Address _____

Phone # _____

Parents' Work # _____

Date of Birth (M/D/Y) ____/____/____

Health Card # _____

Family Doctor _____

Phone # _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? If yes, please explain. _____

Is your child bringing any medication with him/her? If yes, please list. _____

Parents'/Guardian Name _____

In case of an-emergency, contact _____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named above, authorize _____ or one of the _____ Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.
(Pastor) (Name of church)

I/we, named above, undertake and agree to indemnify and hold blameless _____, the Ministry Staff, _____ its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the _____ as well as of any medical treatment authorized by the supervising individuals representing the church.
(Pastor) (Name of church) (Name of church)

This consent and authorization is effective only when participating in or traveling to events of the _____
(Name of church)

Parent/Guardian Options (choose one of the following options):

1. I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated below.

Signature _____ Date _____

Effective from date signed through _____

2. I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity _____

Signature _____ Date _____