



Camper Information:

Camper Name _____
 Birthday _____ AGE _____
 Gender: Male / Female / Other: _____
 Cell # (_____) _____

Parent/Guardian Information:

PARENT NAME: _____
 ADDRESS _____
 CITY _____ PROV _____
 POSTAL CODE _____

Parent Contact Information:

Home # (_____) _____
 Work # (_____) _____
 Cell # (_____) _____
 Email _____

Which Camp(s) do you wish to attend? Circle or highlight your choices.

Rock Jumper Camp (ages 8-10)	July 10-14 FULL 1 pm – 5 pm	
	July 24-28 1 pm – 5 pm	\$200
Cub Camp <u>ADVENTURES</u> (ages 5-7)	July 3-7 FULL 8 am – noon	
	July 3-7 FULL 1 pm – 5 pm	
	July 10-14 FULL 8 am – noon	
	July 10-14 FULL 8 am – noon	
	July 17-21(a) FULL 8 am – noon	
	July 17-21 (b) FULL 8 am – noon	
	July 24-28 FULL 8 am – noon	\$180
Rock Jumper <u>ADVENTURES</u> (ages 8-10)	July 3-7 FULL 8 am – noon	
	July 10-14 FULL 1 pm – 5 pm	
	July 24-28 FULL 8 am – noon	
	July 24-28 FULL 1 pm – 5 pm	\$200
Trail Shredder <u>ADVENTURES</u> (ages 11-14)	July 3-7 FULL 1 pm – 5 pm	
	July 17-21 (A) FULL 1 pm – 5 pm	
	July 17-21 (B) 1 pm – 5 pm	\$200

Pick-up Authorization:

Your child's safety is important to us. For this reason, we will not release a camper to anyone other than the legal guardian or the following individuals:

Payment Information:

Camp Fee(s) Total \$ _____
 Minus Discount \$ _____
 TOTAL PAYMENT \$ _____

Discounts:
 (a) Register with a friend, brother, or sister and get \$20 off each!
 (b) Register your child for a second week and save \$20 on each week
 ** Maximum \$20 off per camper/week

Payment is due to reserve a spot. Send e-transfers to lacombebikecamp@gmail.com Cheques payable to Lacombe Bike Camp, or Cash – you can deliver cheques or cash to #1 Henners Outlook or call/text Barbara at (587) 220-7323 to make arrangements. Refunds are given for health related issues.

**MAKE NEW FRIENDS.
GET RAD SKILLS.**

RESPECTING YOUR PRIVACY: The information collected in this application is for the purpose of identifying the camper, processing the application and to obtain medical information to assist us in the event the camper suffers injury or illness. The information collected herein will only be shared with the following: (1) Camp staff as required; (2) Medical personnel in the event of injury or illness; (3) Governmental organizations as may be required by law. We will protect your information by ensuring that appropriate security safeguards are in place. Your signature below indicates our consent to the collection and specified uses of the personal information.

RISK: The above camper has my approval as parent or legal guardian to attend Lacombe Bike Camp and participate fully in all activities unless otherwise specified. I am aware of the activities and risks involved in this program. I freely accept and fully assume all such risks, dangers, and hazards, including risk of personal injury, death or property loss resulting from any cause whatsoever including, but not limited to, the inherent risks of all mountain biking activities. Bethany Kiers and Barbara Kiers, and all its employees, directors, agents, and volunteers from any and all liability for any loss, damage, injury, or expense that my child may suffer as a result of his/her attendance at or participation in the camp program due to any cause whatsoever. I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident coverage is in place for my child, as well as the protection of their personal possessions.

PERMISSION: I give my permission to use photographs or video taken of the above camper during the camps and for the camp to use the photographs and videos for the purpose of promotion and advertisement of the camp program. I also give my consent for any treatment/hospitalization needed as a result of injury or illness occurring during involvement of Lacombe Bike Camp. Camp staff will attempt to inform the parent or guardian of such an incident as soon as it is reasonably possible.

Parent/Guardian Signature _____ Date _____



MEDICAL INFORMATION

Camper Name _____

AGE _____ Health Care # _____ Prov. _____

Family Physician Information:

NAME: _____ PHONE #: (_____) _____

Current Medications:

Medication	Dosage	Route	Time	Self Admin?
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

Allergies:

Allergies to food, medication or other? YES* / NO

*If yes, please explain: _____

Is Tetanus Immunization current? YES / NO

Does the camper have any difficulty with the following? (circle all that apply)

Asthma Diabetes Epilepsy Other _____

Health History / Extended Information:

Please notify staff if your child has been exposed to Covid-19 prior to arriving at camp.

Are there any medical (or other) reasons that affect your child's ability to participate fully in this camp?

Are there any special health or medical instructions you need staff to be aware of?

Emergency Contact

If the parent or guardian cannot be reached in an emergency, notify:

Name _____ Relationship _____

Home (_____) Work (_____) Cell (_____)



Lacombe Bike Camp

Permission / Release Form

This is a release of LEAGAL RIGHTS and Information – Please read and understand before signing.

I give my child(ren), _____

permission to attend the activity organized by Bethany Kiers and Barbara Kiers through Lacombe Bike Camp.

Type of Activity: Mountain bike rides on dirt trails and roadways.

Location: In and around the City of Lacombe.

Dates: July 3 – July 28, 2023.

While I understand that supervision will be provided, I recognize that, with respect to this activity, I hold Bethany Kiers, Barbara Kiers, and the Lacombe Bike Camp, and the organizers and sponsors of this activity **HARMLESS** for any personal harm or injury, with the full understanding that I will not seek or expect damages or compensation for any incident whatsoever. All costs pertaining to this activity, or arising out of this activity, related to myself or my child/ren, or to any harm or injury to myself (or to my child/ren), are my sole responsibility. I further agree that participation in these activities or any specific phase of the activity or use of any equipment will be at my own (or my child/ren's) discretion and judgment, based upon my (their) own experience and competence.

I hereby give my permission for my child(ren) to have their pictures(s) taken and used by Bethany Kiers and Barbara Kiers, along with Lacombe Bike Camp. I understand that a picture(s) may be used to advertise this day-camp and will not be sold. This may take the form of a poster, a news publication, or an online social media site as Facebook or Instagram.

I AM THE PARENT/GUARDIAN OF THE PARTICIPANT(S) WHO IS/ARE PARTICIPATING AND UNDERSTAND THIS ENTIRE AGREEMENT. I GIVE PERMISSION FOR MY CHILD/REN TO PARTICIPATE IN THE EVENT DETAILED ABOVE.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date