

BROKEN WHEEL WESTERN ADVENTURES

Clayhurst BC

2024



Come Join the Fun!!

Camper Registration for Broken Wheel Western Adventures (BWWA) 2024

General Information

First Name: _____ Last Name: _____ PC: _____
 Mailing Address: _____ City/Prov: _____ Gender: _____
 Date of Birth (mm/dd/yy): _____ Age at Camp: _____
 Approximate Weight (lbs): _____ Hours of Riding Experience: _____
 Riding Level (circle one): Beginner Intermediate Advanced
 T-shirt Size (circle one): YL S M L XL

Contact Information

Parent Name: _____ E-Mail: _____ Work: _____
 Phone (Home): _____ Cell: _____ Relationship to Camper: _____
 Emergency Contact: _____
 Emerge-Phone 1: _____ Emerge-Phone 2: _____

Check off the camp you are registering for.

TR1: July 2-8 (7 Days) \$315 _____

TR2: July 9-15 (7 Days) \$315 _____

TR3: July 16-25 (10 Days) \$450 _____

Adventure Wild: August 1-10 (10 Days) \$650 _____

Friends you want to be with: _____

Payment Information:

*Minimum Deposit: \$60/Balance due before arrival

*Camper's place will be held once the deposit is made

*\$10 off if paid in full by May 1

E-transfer (brokenwheelwestern@outlook.com): _____

Cheque: _____

The following points are optional - but helpful to camp. Please circle Yes or No

Point 1: I give BWWA permission to send me brochures, newsletters, or emails about upcoming camps for the next 2 years. Yes No

Point 2: I grant permission for BWWA to use pictures of my child in the camp picture book (Only given to those at camp). Yes No

Point 3: I permit BWWA to use pictures of my child in their brochures, displays, printed material, or on our web page. Yes No

Horse Camps Ages 12-16



Camp Dates & Fees

TR1 Jul 2-8
\$315
TR2 Jul 9-15
\$315
TR3 Jul 16-25
\$450

NEW!!
Adventure Wild
Mountain Ride
Aug 1-10
Ages 14-17
\$650

About Us

We're a Christian camp that provides kids with exciting opportunities for horseback riding, playing games, sleeping in teepees, eating great meals, and making new friends!

Contact Us

Website:
broken-wheel.org

Phone/Text:
250-784-8960

Email:
brokenwheelwestern
@outlook.com

Mail:
Box 24, Clayhurst BC, V0C 1K0

Health Information (Every person must be covered by the BC Health plan or an equivalent policy.)

Health Number: _____ Doctor: _____ Doctor Phone: _____

Describe Medical Plan if other than the provincial: _____

Circle areas that apply: Allergies Dietary Significant Injuries/Illness: _____

Please provide details for the above selection, any prescriptions currently being taken, and note if limitation may affect camp.

Please list any over-the-counter meds to which you oppose being given to this individual: _____

Guardian Authorization (We require the legal guardian of the camper to sign the following.)

1. I recognize that, while BWMA will care for my child in a responsible manner, accidents and discomforts may still occur. I'm fully aware of the types of activities my child may be involved in, and I accept that these activities often come with a degree of spontaneity and risk. Should injury require emergency treatment which would be delayed by efforts to contact me, I authorize the Director or First Aid Attendant to begin medical treatment and inform me as soon as possible.
2. I will provide BWMA with "need-to-know" information to assist them to care for the well-being of my child.
3. I consent to BWMA's purposes for gathering and using the information I provide in accordance with the BC Privacy Policy Legislation.

Print Full Guardian Name: _____

Signature: _____

Date: _____