

Camper Registration Form for Broken Wheel Western Adventures (BWVA)

2024

TR 1: 12-16 yrs (or turning 12 this calendar year) – July 2-8 (7days): \$315 _

TR 2: 12-16 yrs (or turning 12 this calendar year) – July 9-15 (7 days): \$315 _

TR 3: 12-16 yrs (or turning 12 this calendar year) – July 16-25 (10 days): \$450 _

NEW!! Adventure Wild Mountain Ride: 14-17 yrs – August 1-10 (10 days): \$650 _

GENERAL INFORMATION:

First Name: _____ Last Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Date of Birth (mm/dd/yy): _____ Age at camp: _____ Gender (M/F): _____ Approx. weight (lbs): _____

Riding Level: Beginner (0-10hrs)_ Intermediate (10-20hrs)_ Advanced (+20hrs)_

T-shirt Size: YL _ S _ M _ L _ XL _

Friends you want to be with: _____

CONTACT INFORMATION

Parent Name(s): _____ Phone – home: _____ Phone – cell: _____

Phone – work: _____ Parent E-mail: _____

Emergency Contact:

Contact Name: _____ Relationship to camper: _____

Emerge-Phone 1: _____ Emerge-Phone 2: _____

The next 3 points are optional – but helpful to camp. Please indicate with either a Y or a N.

Point 1: I give BWVA permission to send me brochures, newsletters, or emails about upcoming camps for the next two years. _____

Point 2: I grant permission for BWVA to use pictures of my child in the camp picture book (only given to those at camp). _____

Point 3: I permit BWVA to use pictures of my child in their brochures, displays, printed material, or on our web pages (without names attached). _____

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 provincial: _____

Check areas that apply: Allergies: _ Dietary: _ Significant injuries/illnesses: _

Please provide details for above selection, prescriptions currently being taken, and note if any 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 BWWA 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 BWWA with "need-to-know" information to assist them to care for the well-being of my child.
3. I consent to BWWA's purposes for gathering and using the information I provide in accordance with the BC Privacy Policy Legislation.

Print Full Guardian Name: _____ Signature: _____

Date of signing: (mm/dd/yy): _____

Please print, sign and return by email or mail.

CAMP and PAYMENT INFORMATION:

TR1 – July 2-8: \$315 TR2 – July 9-15: \$315 TR3 – July 16-25: \$450 Adventure Wild – Aug 1-10 \$650

- Minimum deposit of \$60 / Balance due before arrival
- Camper's place will be held once deposit is made.
- \$10 off if paid in full by May 1.

E-transfer (see email address below):

Cheque (see mailing address below):

Camp Contact: Charlotte Rempel - Camp Registrar

Phone: 250-784-8960

Email: brokenwheelwestern@outlook.com

Mailing Address: Broken Wheel Western Adventures, Box 24, Clayhurst BC, V0C 1K0

For questions regarding the camp program, specific activities, any other questions, or to find out more information about BWWA, please do not hesitate to contact us. We look forward to hearing from you!

For office use only: If the form was filled out or completed via phone call, please provide the date and signature of the Camp Representative who filled out the form, and the name of the parent/guardian who gave the information:

Date: _____ Camp Representative: _____

Parent/Guardian: _____