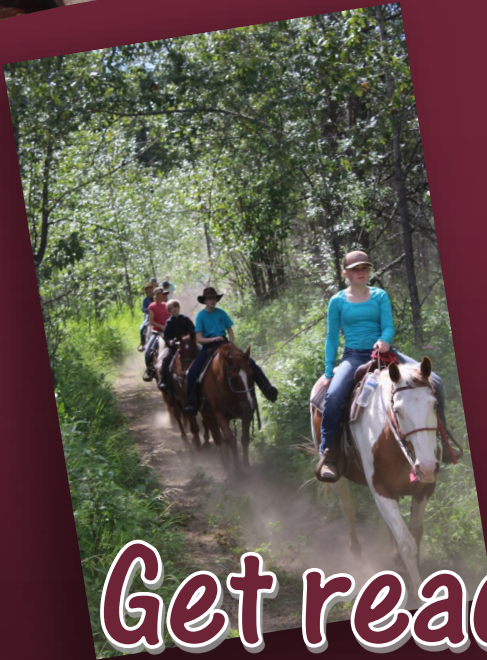


BROKEN WHEEL WESTERN ADVENTURES

Clayhurst BC
2025



Get ready for adventure!

Camper Registration for Broken Wheel Western Adventures (BWVA) 2024

General Information

First Name: _____ Last-Name: _____

Mailing Address: _____ City/Prov: _____ PC: _____

Date of Birth (mm/dd/yy): _____ Age at Camp: _____ M/F: _____

Approximate Weight (lbs): _____

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

T-shirt Size (circle one): YL S M L XL

Contact Information

Parent Name: _____ E-Mail: _____

Phone (Home): _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship to Camper: _____

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

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

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

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

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

Check off the camp you are registering for.

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

TR2: July 9-18 (10 Days) \$450 _____

TR3: July 20-26 (7 Days) \$315 _____

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: _____

Horse Camp

Ages 12-16



Camp Dates & Fees

TR1 Jul 2-8 \$315

TR2 Jul 9-18 \$450

TR3 Jul 20-26 \$315

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 participation in camp activities.

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: _____