

# Mountain View Bible Camp 2020 Registration Form

99 Mt View Lane \* Danville, PA 17821 \* Fax 570-672-2510

Registration policy – MVBC reserves the right to limit attendance at any camp session.

❖ **For the best rate, register online at [mvbcamp.org](http://mvbcamp.org). If you choose to complete this paper form, a **NEW FORM is required for every camp session**. MVBC no longer accepts phone in registrations. Fax this form to 570-672-2510. You may also mail this form to **MVBC, 99 Mt View Lane, Danville, PA 17821**.**

❖ **Important Notes: 1) Payment in full is required** at the time of registration. Please register at least 2 weeks before the camp session begins. **2) In the event of a cancellation, all funds will be returned if cancellation is made at least 2 weeks before the camp session starts. After that date, all funds minus a \$30 processing fee will be returned.**

## A. Camper Information (One registration form per camper, regardless of age) PLEASE PRINT CLEARLY (Form may be copied)

Name \_\_\_\_\_ Date of Birth (M) \_\_\_\_\_ / (D) \_\_\_\_\_ / (Y) \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Person who will pick up camper \_\_\_\_\_  
 Choice of one roommate – same age as camper (we will do our best to honor your request) \_\_\_\_\_

## B. Parent, Guardian or Responsible Party

Name \_\_\_\_\_ Relationship:  Father  Mother  Guardian  Other  
 Address \_\_\_\_\_ Insurance Provider \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Effective Date \_\_\_\_\_ Policy # \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  I certify that this camper **does not** have insurance.  
 Second Parent, Guardian or Emergency Contact: Relationship:  Father  Mother  Guardian  Other  
 Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Lack of funds should not prevent attendance by anyone who has a sincere desire to attend camp. If financial assistance is needed, please contact MVBC prior to the camp session. Such requests and discussions will be handled on a confidential basis.**

## C. Camp(s) Attending Check the sessions for which you are registering – Please enclose full payment for each session.

**\*\*\*Remember to check the box if you plan to arrive and/or depart on the camp bus!\*\*\***

Check Box	Date	Camp Session	Ages	Paper Rate	Bus Fee	Amount Enclosed
<input type="checkbox"/>	March 7	Men's Retreat	18+ (14 -17 with Adult mentor)	\$70	N/A	_____
<input type="checkbox"/>	March 20-22	Women's Confidential	18 – 30	\$120	N/A	_____
<input type="checkbox"/>	April 3 - 5	Family Weekend	All ages	See Rates*	N/A	_____
<input type="checkbox"/>	April 17-19	Jr./Int. Weekend	8-13	\$120	<input type="checkbox"/> \$35	_____
<input type="checkbox"/>	June 5 - 7	Young Adult (No Kids)	18+	\$120	N/A	_____
<input type="checkbox"/>	June 28 - July 4	Family Week	All ages	See Rates**	N/A	_____
<input type="checkbox"/>	July 5-11	Senior Week	14-19	\$395	<input type="checkbox"/> \$35	_____
<input type="checkbox"/>	July 12-18	Intermediate Week	11-13	\$385	<input type="checkbox"/> \$35	_____
<input type="checkbox"/>	July 19-25	Junior Week	8-10	\$375	<input type="checkbox"/> \$35	_____
<input type="checkbox"/>	September 11-13	Wilderness Weekend	All ages	See Rates**	N/A	_____
<input type="checkbox"/>	September 25-27	Ladies' Retreat	18+ (14 -17 with Adult mentor)	\$120	N/A	_____
<input type="checkbox"/>	September 28	Ladies' Retreat	18+ (14 -17 with Adult mentor)	\$70 (Sat. Only)	N/A	_____
<input type="checkbox"/>	October 2-4	Jr./Int. Weekend	8-13	\$120	<input type="checkbox"/> \$35	_____
<input type="checkbox"/>	October 23-25	Senior Weekend	13-19	\$120	<input type="checkbox"/> \$35	_____
<input type="checkbox"/>	December 26-30	Winter Escape	13-19	\$280 (+skiing)	<input type="checkbox"/> \$35	_____

\*Family Weekend Rates: – Adult \$120, Age 8-12 \$100, Age 4-7 \$85, Age 0-3 Free

\*\*Family Week Rates: – Adult \$395, Age 8-12 \$260, Age 4-7 \$200, Age 0-3 Free

(An optional "family rate" of \$360 per weekend or \$1200 per week is available if needed for larger families who may find it difficult to pay the entire fee.)

TO CHARGE CAMP FEES, PLEASE COMPLETE THIS BOX (All information required)		3-Digit Code: _____
Discover	Mastercard	Expiration Date: _____
VISA	Credit Card No. _____	
Cardholder's Name (print) _____	Cardholder's Signature (required) _____	

### D. Health Information

1. Check the following if the camper has had:  None below  
 Mumps  Measles  Rubella  Chicken Pox  Jaundice  Scarlet Fever  Whooping Cough  Polio
2. Check any of the following:  None below  
 Allergy to bee stings  Asthma  Food Sensitivity  Diabetes  Tendency to bed wet  Frequent sore throat  
 Allergy to chlorine  Constipation  Allergy to poison ivy  Drug sensitivity  Frequent ear ache  
 Allergic to the following medicines: \_\_\_\_\_  
 Any other allergies \_\_\_\_\_  
 Any other disease or disability for which the child now receives medical treatment \_\_\_\_\_  
 Immunizations, date of last shot: Tetanus \_\_\_\_\_ Polio: Injection \_\_\_\_\_ Oral \_\_\_\_\_
3. Camper may participate in all camp activities:  Yes  No  
 If no, state the activity and reason \_\_\_\_\_
4. Medication: If there is medication or other treatment to be given while at Camp, please send written instructions along with the camper. **NOTE: All medications MUST be in original containers.**
5. Family Physician \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

By my signature below, I hereby authorize any insurance company, hospital, physician, employer or other person who has attended or examined the claimant to disclose when requested to do so all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records and itemized bills. A photocopy or electronic copy of this authorization shall be considered as effective and valid as the original. I affirm that the above information is true and correct to the best of my knowledge and further understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information material thereto with the intent to defraud an insurance company.

### E. Conditions of Registration

1. The acceptance by the Camp of this application, and the signature of the camper, parent, or guardian on this application shall give the Camp Administration the right to obtain or approve any necessary medical attention, including dispensing of non-prescription medications for the applicant camper's welfare and good health and to arrange for any special services or other requirements necessary in the best interest of the applicant. The camper, parent, or guardian hereby agrees to pay for all such services as may be required.
2. The acceptance by the Camp of this application and the signature of the camper, parent, or guardian on this application shall give the Camp Administration the right to include this applicant in any Camp photographs, video productions and/or promotional materials without further permission. Further, Camp reserves the right to restrict phone and internet access while attending any Camp program.
3. While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, Mountain View Bible Camp, its trustees, and staff members are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
4. The Camp Administration reserves the right to dismiss a camper, who in his/her opinion is jeopardizing the safety and/or rights of others, or has rejected the reasonable controls of camp.
5. Personal belongings of a camper are the sole responsibility of the camper. Any items left behind or misplaced and not claimed within 30 days after a camp session ends will be donated to a ministry able to distribute such an item.

### F. Code of Conduct

1. Smoking, gambling, weapons, drugs, illegal substances, and alcohol are prohibited at camp.
2. In order to maximize their attendance and experience at Mountain View Bible Camp, campers should not use most electronic devices at camp. These devices include laptop computers, music devices, video game players, and other similar items which should be left at home. Campers with such devices may be asked to give them to the administration who will return them at camp's conclusion. Phone and internet restrictions may also be imposed by camp at the management's discretion.
3. Cameras are commonly used by campers. Their use is acceptable as long as they do not infringe on the rights of others or disturb the activities of the camp program. Since digital cameras and photo apps on cell phones allow pictures to be viewed, any pictures shown (whether taken during camp or previously stored in camera memory) should not be offensive in any way.
4. Attendance is expected at all programmed activities.
5. Out of bounds: private homes, maintenance buildings, staff areas, kitchen and cabins of opposite sex.
6. Do not leave the campgrounds without prior arrangements from the camp director or administration.
7. Curfew times are to be respected.
8. Modest clothing and swimwear (modest one-piece swimsuits) are to be worn.
9. Any vandalism to property will be charged to camper or his/her guardian at full replacement cost.

### G. Signature Required

By my signature below, I hereby agree that all of the information contained in this form is true to the best of my knowledge, that I accept the conditions of registration and that the camper will abide by the Code of Conduct and reasonable controls of camp.

**Camper:** (camper signature - even if under 18)  
Name (print) \_\_\_\_\_

**Parent or Guardian:** (only required if camper is under 18)  
Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Register online at [mvbcamp.org](http://mvbcamp.org) or mail this form with your full payment to:

**Mountain View Bible Camp, 99 Mt View Lane, Danville, PA 17821**

Phone: 570-672-2296 Fax: 570-672-2510 Email: [campinfo@mvbcamp.org](mailto:campinfo@mvbcamp.org) Web: [www.mvbcamp.org](http://www.mvbcamp.org)