



City Office Address

1607-90th Ave. S.W.
Calgary, Alberta
T2V 4V7

Tel: 403-252-2267
Fax: 403-252-2127

Summer Address

Box 242
Pine Lake, Alberta
TOM 1S0

Tel: 403-886-4812
Fax: 403-886-4824

Toll Free: 1-800-267-2267 Web: www.campbb.com Email: campbb@telusplanet.net

CAMPER APPLICATION FORM 2011

Please read carefully. Incomplete applications will not be processed. One application per child.

CAMPER INFORMATION

Surname _____	Age as of July 1	Present Grade	Date of Birth			Gender (Circle) M F
First Name _____			____	____	____	
Middle Name _____			Month	Day	Year	
Health Care/Plan Number _____						

SESSION (Please Circle)

<u>July Session</u> July 3 – July 27 (\$2295 +GST)	<u>August Session</u> July 31 – August 21 (\$1895 +GST)	<u>Full Season</u> July 3 – August 21 (\$3395 +GST)	<u>CIT Program</u> July 3 – August 14 (\$3000 +GST)
<u>Wonder Week 1</u> July 3 – July 10 (\$695 +GST)	<u>Wonder Week 2</u> July 10 – July 17 (\$695 +GST)	<u>Wonder Week 3</u> July 31 – August 7 (\$695 +GST)	<u>Wonder Week 4</u> August 7 – August 14 (\$695 +GST)
<u>Wonder Weekend</u> August 11 – August 14 (\$399 +GST)			

CONTACT INFO

Family Name _____	First Name(s) _____
Home Address _____	City _____
Prov. _____ Postal Code _____	Phone _____ Email _____
Bus./Cell Phone (Father) _____	Bus./Cell Phone (Mother) _____
Emergency Contact (other than parents) _____	Phone _____
Relation to Camper _____	

Conditions of Registration/ Please Read Carefully

1. Application will be processed when accompanied by a \$500.00 non-refundable deposit, and instructions or post-dated cheques for processing the balance owing. All fees are to be paid in Canadian funds either by Cheque, MasterCard, Visa or Money Order.
2. The balance of Camp Fees is due on or before April 1, 2011. Fees include G.S.T. and return transportation from Edmonton or Calgary. Acceptance is official when you receive written confirmation from Camp.
3. The Camp Director reserves the right to dismiss a camper when it is deemed to be in the best interests of both Child and Camp. There will be no refund in whole or in part if dismissal is due to noncompliance of camp rules and regulations.
4. There are no deductions or refunds for campers arriving late or leaving early.
5. Campers will not be permitted at camp if medical certification is not completed prior to the start of the camp session.
6. After enrollment, refunds for medical reasons will only be made upon written request accompanied by a Medical Certificate from a licensed Physician.
7. I/we agree to allow my child to participate in all camp activities, programs, and in any supervised trips to places not on camp property, whether administered by Camp Staff or by third party service providers contracted by the Camp (e.g. canoe trips, hiking trips, etc), as well the use of pictures that may have your child in them for future publications.
8. While every precaution is taken to ensure the safety and good health of all campers, I understand and hereby agree to indemnify and save Camp BB – Riback, its directors, employees, and third party service providers contracted by Camp BB – Riback harmless on account of, and that Camp BB – Riback, its directions, employees, and third party service providers contracted by Camp BB – Riback are hereby released from any and all liability in the event of an illness, injury, accident, death, loss or misfortune that may occur to the Camper while travelling to or from Camp, while on Camp property, or while on a supervised trip off of the Camp property.
9. The Camp has medical staff onsite throughout the summer season with a fully equipped infirmary. In case of surgical or medical emergency, I hereby give permission to the onsite physician or any other physician or professional health care provider (hospital, paramedic, nurse) recommended by him to administer health care services to my child and to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. In the event that my child requires special medication, X-rays or treatment beyond that which is possible at Camp, every necessary effort will be made to immediately contact the parents.

Please make sure to sign below. A signature of a parent or guardian is required to process all applications, otherwise your application will be sent back.

SIGNATURE OF PARENT OR GUARDIAN

Calculate Total Camper Fees

Session Fee (1 st Camper)	_____
Session Fee (2 nd Camper)	_____
Session Fee (3 rd Camper)	_____
<u>Sub-Total 1:</u>	_____
Sibling Discount (deduct \$100.00 for each sibling)	_____
<u>Sub-Total 2:</u>	_____
Early Bird Discount (prior to Jan.1/11 deduct 6% per family)	_____
Early Bird Discount (after Jan.1/11 & before Mar. 1/11 deduct 3% per family)	_____
<u>Sub-Total 3:</u> (Early Bird Discounts are accompanied by a \$500 non-refundable deposit per child)	_____
GST (multiply Sub-Total 1 by 5%)	_____
<u>TOTAL</u> (add Sub-Total 3 and GST)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

FULL PAYMENT MUST BE MADE BY APRIL 1, 2011.

Payment Options

- Please find enclosed the payment in full.
- Please charge my Visa/MC in full.
- Please find enclosed my deposit and post-dated cheques representing payment in full by April 1, 2011.
- Please process my VISA/MC in _____ equal installments of _____ on: _____.

Camp Improvement Fund (optional)

- Please add a \$25.00 donation to the Camp Improvement Fund.

Credit Card Info

Card: Visa / MasterCard (circle)

Card Number: _____

Name on Card: _____

Expiry Date: _____