

Canyonview Camp Registration Information

Name and Date of Camp: _____

Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Gender: _____ Date of Birth: _____

Cabin Mate Preference (*must be w/in 1 year/grade*): _____

Payment (Circle One)

Check **Money Order** **VISA** **MasterCard** **Discover**

Name on Card: _____ Expiration Date: _____

Card Number: _____ CCV#: _____

Minimum \$50 deposit Amount of Camp: \$ _____

Summer Horse Camps: Minimum \$100 deposit Amount Paying: \$ _____

All Deposits are Non-Refundable Balance Due: \$ _____

If you do not want pictures taken of your child/self to be used in future brochures and advertisements by Canyonview Camp, please include a signed and dated note with registration form indicating so.

Health Release

Name: _____ Age: _____ Weight: _____ Height: _____

Current immunizations: y/n Religious/Health exemption? y/n Is appendix removed? y/n

Is camper subject to Asthma: y/n Hay fever: y/n Diabetes: y/n Convulsions: y/n

Is camper under psychiatric care? y/n (If yes, please obtain doctor's signed permission to attend camp.) Any allergic reactions to drugs, insects, plants, animals, foods, etc.? List any applicable: _____

Any specific health/emotional/behavioral/dietary issues? _____

Your health insurance company and policy number (if you have insurance): _____

Emergency Release Statement: In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Canyonview Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for my child (or self) named above.

I, therefore, sign my signature:

Participant (Parent/Guardian if under 18): _____ Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____