



July 18-22, 2011
 \$120 (Includes transportation)



Registration

Camper Name _____ Gender M/F Grade in Fall _____
 Address _____
 City State Zip _____
 Home # _____ Cell # _____ Work # _____
 Email _____

Emergency Contacts

Primary Guardian _____ Phone # _____ Alternate # _____
 Secondary Contact _____ Relationship _____ Phone _____

For those entering 1st - 5th grade in the fall.
 Where did you hear about camp?

Please check one:
 My child will ride the bus to and from camp each day.
 I will transport my child to and from camp each day.

Please sign the following statement to register your child.
 I, the signed below, agree to indemnify and hold harmless Canyonview Camp, Bible Teaching, Inc., and its agents and employees against all liability, claims, charges, expenses, and attorney fees arising out of, or connected with the use of, its facilities and horses. I, therefore, sign my signature:

Buddy Preference:

 (Must be no more than one grade apart; request must be mutual)

Parent/Guardian _____
 Date _____

Health Information

Camper Name _____
 M / F (circle one) Height _____ Weight _____ Age _____ Birth Date _____ Grade in Fall _____
 Date of latest boosters: Tetanus _____ Polio _____ Has the appendix been removed? Yes / No
 Is the camper subject to: Convulsions Y / N Hay Fever Y / N Asthma Y / N Diabetes Y / N
 Please list any food allergies (food, drugs, animals, etc): _____

Specific health problems or dietary restrictions: _____
 Special Needs or concerns: _____
 Is the camper under psychiatric care? Yes / No (If yes, the doctor's signed permission will be needed to attend camp)
 Health Insurance Company: _____ Policy Number: _____

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 to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I, therefore, sign my signature:
 Parent / Legal Guardian _____ Date _____

**Make checks payable to:
 Salem First Baptist Church**

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

Office Use Only	
Paid _____	Check # _____
Cash _____	Owe _____