

Camp Registration Form

Name—Camper (one per form) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Gender _____ Grade _____ Age _____

Camp you would like to attend (name & date): _____

Cabin-mate Preference:

Emergency Contacts:

Name _____ Relationship _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

To process your registration,
this form must be completed for every camper:
Feel free to make copies.

Method of Payment:

- Check/Money Order
- Discover
- Visa
- Master Card



Amount of camp _____ Deposit _____ Balance Due _____

Credit Card # _____ Exp. date _____

Name on Card _____ Amount to Charge _____

\$50 Minimum Non-Refundable Deposit

Canyonview Camp
 P.O. Box 128
 Silverton, OR 97381
 Local: (503) 873-8296
 Toll Free: (888) 516-5655
 Fax: (503) 873-8369
 Email: info@canyonviewcamp.org

CANYONVIEW CAMP HEALTH & LIABILITY RELEASE

Name _____ M / F Age _____ Birthday _____ Weight _____ Height _____

Date of last boosters: Tetanus _____ Polio _____ Is appendix removed? _____

Is camper subject to: Asthma _____ Hay Fever _____ Diabetes _____ Convulsions _____

Any allergic reactions to drugs, insects, plants, animals, foods, etc., list any applicable: _____

Any specific health problems or diet restrictions? _____

Is camper under psychiatric care? _____ If yes, please obtain doctor's signed permission to attend camp.

Health insurance company & policy # : _____

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 named above.

Unless I attach signed and dated instructions otherwise, by signing below I grant Canyonview Camp the right to use pictures taken of my child in their future brochures and advertisements.

I, therefore, sign my signature:

Parent / Legal Gaurdian : _____ Date: _____