

Camp Canyon Registration

Camper Information

Camper 1's Name: _____

Birthday: _____

Camper 2's Name: _____

Birthday: _____

Camper 3's Name: _____

Birthday: _____

Parent Information

Name: _____

Email: _____

Phone: _____

Emergency Information

Emergency Contacts

Emergency Contact One: _____

Phone: _____

Emergency Contact Two: _____

Phone: _____

Medical Information

Camper's Primary Doctor: _____

Phone: _____

Allergy Information

Weeks Attending

Adventure Divisiont // Ages 5 - 12

- Please Select Weeks of Attendance: \$249 p/ week
- Week 1 (July 5 – July 9)
 - Week 2 (July 12 – July 16)
 - Week 3 (July 19 – July 23)
 - Week 4 (July 26 – July 30)

Kiddie Camp // Ages 2 - 4

- Please Select Weeks of Attendance: \$199 p/ week
- Week 1 (July 5 – July 9)
 - Week 2 (July 12 – July 16)
 - Week 3 (July 19 – July 23)
 - Week 4 (July 26 – July 30)

Payment Information

Payment Options

Payment Plan One:

One payment due before first day of camp.

Payment Plan Two:

Two payments due before first day of camp.

Please Select Payment Plan: Payment Plan One

Payment Plan Two

Please Specify Dates &
Amounts to Charge Payment

Deposit

A \$50 non-refundable deposit is due at time of registration, per child (to be deducted from tuition).

Payment Information

Please Select

Credit Card

Check

Cash

Credit Card Number:

Expiration:

Security Code:

Release

As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of Camp Canyon to hospitalize or secure treatment for my/our child, I/we further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit Camp Canyon personnel will try, but are not required, to communicate with me/us prior to such treatment.

I agree to the terms and conditions above.