

# REGISTRATION FORM

## BY PHONE

602.908.9195 using MasterCard, Visa, or Discover Card

## ONLINE (summer program)

www.grandviewcamp.org

## BY MAIL

Send this form with \$35 non-refundable, limited transferable registration fee to

GRAND VIEW CAMP

PO Box 700

Eagar, AZ 85925

### Camper Information

Name \_\_\_\_\_  
First Last

Grade \_\_\_\_\_  
 Birthdate \_\_\_/\_\_\_/\_\_\_  Male  Female Next Sept \_\_\_\_\_

Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip Code

Email \_\_\_\_\_

Phone Home:(\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Home Church/City \_\_\_\_\_

Cabin Mate Request \_\_\_\_\_

Choose **only one**, your request must choose you.

### Parent Guardian Information

*For campers under the age of 18*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact

Primary \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Secondary \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE	Registered	Receipt
	Signatures	Date

### Payment Information

Camp Name/Code:		___ Check ___ Credit Card ___ Cash
Camp Date:		Signature
Cost of Camp: How many x cost of camp ___ x _____	\$	Name <i>(printed)</i>
Extra Options:	\$	Billing Address <i>(if different from above)</i>
Discount Code:	-\$	
	\$	Card#
Total:		Expiration Security Code
Amount Enclosed: \$35 Registration fee required for program camps		

# PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT

Waiver must be read, signed, & dated for each camper

While we make every effort to provide a safe and pleasant environment for every camper who attends Grand View Camp, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Grand View.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, my spouse, or my child while participating in Grand View activities. I give permission for my child to participate in activities that occur at Grand View. These activities may include, but are not limited to, canoeing, low ropes course, archery, paintball, horseback riding, and strenuous competition games.

Although Grand View has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Grand View reserves the right to use any audio, video, and/or photography of guests or campers participating at Grand View facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Grand View, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Grand View. This release does not apply to intentional and/or willful acts of misconduct by Grand View or any of its officers, board, agents or employees.

Should Grand View, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Grand View harmless for all such fees and cost.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Grand View on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

**Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent/Guardian signature required for those under age 18)

## MEDICAL INFORMATION (for campers under age 18)

Health or Behavioral Conditions (for example: epilepsy, bed-wetting, sleepwalking, etc.): \_\_\_\_\_

Medication Taken Regularly (must be in original container): \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

*I give permission for my child to attend camp at Grand View. I understand that my personal insurance will provide primary coverage for medical aid and that Grand View will provide excess coverage. I also understand that if my son/daughter must be sent home because of disciplinary or other problems, I will assume the additional transportation cost. IN CASE OF MEDICAL EMERGENCY I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for my child (or the minor) as named previously.*

*My child is immunized against the following according to H.E.W. standards: Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping Cough. **Date of Last Tetanus Shot** \_\_\_\_\_*

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_