



Church on the Hill

\$138

(includes transportation)

The registration should be turned in to:
Roni Rasmussen

Please make checks payable to:
Church on the Hill

For registration questions, please contact
Roni Rasmussen
rrasmussen@cothcommunity.com

Day camp is for campers **Going into 1st-6th Fall of 2018**

(Please complete both sides of bottom half and return with payment)



Canyonview Day Camp 2018 Registration

Camper Name _____ Gender M / F Grade in the fall _____

Address: _____

City State Zip: _____

Home # _____ Cell # _____ Work # _____

Email _____ Campus (please circle one): North | South

Emergency Contacts Camp Week

Primary Guardian _____ Phone # _____ Alternate # _____

Secondary Contact _____ Relationship _____ Phone # _____

Authorized Alternate Individual to pick-up/drop off camper _____

Height _____ Weight _____ Age _____ Birth Date _____ Grade in the 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/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: _____

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.

7/16/2018

Make Checks Payable to:

Church on the Hill

Attends Church at: _____

CAMP GROUP ASSIGNMENTS:

For the most part kids are divided into groups by gender and grade level so they will most likely be with their buddies.

You may request ONE buddy to be grouped with but there are **NO GUARANTEES**. We do our best for every student.

Buddy Request: _____

Please Sign the Waiver on the back of this form.

Make sure all information is complete and correct!

Thank you!!

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

CAMP WEEK SCHEDULE: (Bus picks up and drops off at North Campus.)

Monday: Meet at 7:30am; Bus leaves at 8:00am & returns at 4:00pm.

Tuesday - Thursday: Meet at 7:45am & Bus returns at 4:00pm

Friday: Meet at 11:15am; Bus leaves at 11:30am (NO return bus)

Family Night: Friday 6:00pm-8:30pm (parents transport home)

See Family Night Details Below

- | <u>What to Bring</u> |
|--|
| * Sack lunch each day |
| * Refillable Water Bottle |
| * Modest swimsuit & towel |
| * Sweatshirt, a few extra clothes, rain gear |
| * Extra tennis shoes or water sandals/shoes |
| * A Bible (one will be provided if needed) |

7/20/18 from 6:00 pm to 8:30 pm is Family Night!!

On Friday, Day Camp will run from **Noon until 6:00 PM**. Transportation will leave the church at approximately **11:30 AM**.

A special family game time begins at **6:00 PM** with a potluck dinner starting at 6:30 PM. All family members are invited to join us.

Bring a **main dish, salad, or dessert**. Cold drinks will be provided. Please be sure to bring a blanket or lawn chairs to sit on and place settings for your family. After dinner the campers and staff will put on a program sharing stories and songs from camp.

Family Night will end at approximately 8:30 PM.

For those parents unable to come, you will need to make arrangements to pick up your child at the camp at 6:00 PM.

There will be **no** transportation service Friday night.



(Please complete both sides of bottom half and return with payment)

Canyonview General Release & Hold Harmless Agreement

I acknowledge that participation in the activities listed below involves inherent risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activities listed below (the “Activities”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activities or during transportation to and from the activities, as well as for any medical treatment rendered to the Participant that is authorized by Canyonview Camp or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activities Sponsor for any injury arising directly or indirectly out of the listed Activities or transportation to and from the Activities.

Canyonview Camp activities include, but are not limited to: archery, outdoor cooking, swimming, waterfront activities, creek walking, games, candle making, low-ropes course, zip line (5th-6th grade), and pony rides.

I give my permission for my child to take the over-the-counter medications listed below as needed while attending Canyonview Camp: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash, and sunscreen.

In case of a medical emergency for my child, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby authorize Canyonview staff to act in their best judgment to seek medical attention through appropriate means, including ambulance transport and emergency room treatment as deemed appropriate by attending health care personnel. I also accept responsibility for expenses incurred through such treatments.

I authorize use of photos, videos, name, comments, etc. for promotional purposes. (If you do not want your participant's image, name, comments, etc. used by Canyonview Ministries for promotional purposes, please submit a written request including a photo for recognition purposes.)

I, therefore, sign my signature

Parent/Guardian Signature

Date