



41600 Lake Hughes Road  
 Lake Hughes, CA 93532  
 661-724-9184  
 fax 661-724-9187  
 www.canyoncreeksportscamp.com

For Office Use Only		
Pmt. _____	Date _____	Auth # _____
Pmt. _____	Date _____	Auth # _____
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Pmt. _____	Date _____	Auth # _____

## 2010 REGISTRATION FORM (Please print clearly and use a ballpoint pen)

**(Registration Form MUST be sent via US Mail - NO FAXES PLEASE)**

**Camper Information** (Please use one form per child)     Returning Camper     New Camper

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male     Female

School \_\_\_\_\_ **Grade in September 2010** \_\_\_\_\_ Age (at camp time) \_\_\_\_\_

Friend to be grouped with \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Only one request will be accepted and must be mutually agreed upon by both families.**

**Camper must be enrolled for the same sessions and be within one year in age and/or grade.**

### Family Information

If two addresses, mailing address is:     mother's address     father's address

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Emergency Contact Other Than Parent

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Health and Insurance Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Health Insurance Phone \_\_\_\_\_

Name of Primary Policy Holder \_\_\_\_\_

Any known allergies (a more detailed health card will follow) \_\_\_\_\_

### Enrollment – CHECK which session(s) you wish to enroll in.

Session	Dates	Length	Tuition	Early Tuition (deadline 01/15/10)	CIT	Total
<input type="checkbox"/> 1	June 20 – July 3	2 weeks	\$3,130	\$2,845	\$2,365	\$ _____
<input type="checkbox"/> 2	July 4 – July 17	2 weeks	\$3,130	\$2,845	\$2,365	\$ _____
<input type="checkbox"/> 3	July 18 – July 31	2 weeks	\$3,130	\$2,845	\$2,365	\$ _____
<input type="checkbox"/> 4	August 1 – August 14	2 weeks	\$3,130	\$2,845	\$2,365	\$ _____
<input type="checkbox"/> 5	August 15 – August 21	1 week	\$1,565	\$1,425	N/A	\$ _____
(Minus) Multiple Session or Early Multiple Session discount						(-) \$ _____
(Minus) Family or Early Family discount						(-) \$ _____
<b>Total Payment Due</b>						<b>\$ _____</b>

**Payment information on reverse**

Continue ▶

Camper's Name \_\_\_\_\_

## Method of Payment

Full Tuition     \$400 Deposit per Session\*

Check     Visa     Mastercard    Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address \_\_\_\_\_ Zip code \_\_\_\_\_

Name on Card \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*All fees for all sessions must be paid in full by 01/15/10 for early tuition or by 05/01/10 for regular tuition. We do not automatically charge accounts – you must contact us to charge remaining balance by appropriate date to be processed.**

## Conditions of Enrollment

**Refund Policy** — Interested campers can reserve enrollment by completing the registration form and mailing it in with a \$400 deposit per camper for each session. Each camper's tuition must be paid in full on or before May 1, 2010. Tuition is refundable, minus a \$200 cancellation fee per child, if enrollment is cancelled before May 1, 2010. We are sorry but no refunds will be issued after May 1, 2010. There will be no refund or pro-rated tuition for campers arriving late or leaving early in the session for which they are enrolled. All enrollments after May 1, 2010 must be accompanied by full payment. All refund requests must be submitted in writing via e-mail and must receive written confirmation from a Camp Director in order to be processed.

**Waivers of Liability and Medical Forms** — I understand that I will receive in the mail a "Waiver of Liability Release of Claims," an "Authorization for Agent to Consent to Medical Treatment of a Minor," and a "Health Questionnaire and Authorization." I agree to complete, sign and return all such forms to Canyon Creek Sports Camp by June 1, 2010. I understand that my child will not be permitted to attend Canyon Creek Sports Camp unless such forms are completed, signed and timely returned to Canyon Creek Sports Camp.

- I hereby acknowledge that while at Canyon Creek Sports Camp my child will be participating in many activities that involve a high degree of risk of injury that include, but are not limited to, sporting and recreational activities, SCUBA, horseback riding, horseshoes, ropes courses, climbing walls, archery, go-karting, skateboarding, camp outs, swimming, water skiing, kayaking, motor boating, wakeboarding, rollerhockey, mini motor-biking, innertubing and wave running. I further acknowledge that campers who choose to participate in activities that occur at the lake or who choose to go on special day or night trips, will be transported via camp vans or buses.
- I certify to you that my child is physically and mentally able to participate in all camp activities including, but not limited to, activities that occur at the lake and swimming pool. My child has no medical or other condition that might cause injury to either himself or another as a result of participation in camp activities.
- I agree that Canyon Creek Sports Camp is not responsible for the loss or damage to my child's personal belongings as a result of fire, theft, laundry, etc.
- I agree to accept full responsibility, financial or otherwise, for the conduct of my child.

In order to make each camper's participation at Canyon Creek Sports Camp a fun, safe and rewarding experience, we hold high expectations for camper attitude and behavior. I understand that there is no refund should my child be dismissed from camp for behavior or conduct deemed unsatisfactory by the camp directors or if, in the sole opinion of the camp directors, a camper's presence is not in the best interest of the camp.

**General Matters** — I understand that Canyon Creek Sports Camp reserves the right to cancel or change programs or activities as listed in their brochure and video when necessary.

All pictures taken at or in connection with Canyon Creek Sports Camp are the sole and exclusive property of Canyon Creek Sports Camp and may be used by the Camp in any camp promotional materials and other print media for camp purposes.

I understand that the camp encourages frequent letter writing but due to the camp's limited telephone service, phone calls to and from campers are allowed only in emergencies.

I have read and understand all sections of the Conditions of Enrollment on this form. All questions have been answered to my complete satisfaction.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about Canyon Creek Sports Camp?  
\_\_\_\_\_

What other sleep-away camp has your child(ren) attended?  
\_\_\_\_\_  
\_\_\_\_\_

Please send this completed, signed form with payment to:

**Canyon Creek Sports Camp  
41600 Lake Hughes Road  
Lake Hughes, CA 93532**