

Grand View Camp Group Registration Form
(Return completed form to your group leader.)

Group/Church Name _____

Week of Camp _____

Total Cost _____ \$35 due at registration; remaining balance due upon arrival at camp.
(Please make payments to group/church)

First Name _____ Last Name _____ Birth Date ___/___/___

Address _____ City _____ State _____ Zip Code _____

Grade in school next Fall _____

Parent/Guardian Name _____

Parent Guardian Phone Number _____

Roommate Request _____

Please follow these guidelines when choosing a roommate. 1) Choose only one person and include their first and last name. Your choice must choose you. 2) Grade level breakdown: 7th-9th, 9th-11th, 10th-12th) Multiple roommate requests cannot be honored. Choices and room assignments are subject to change per recommendations of Group Leaders.

Pre-Order Options (must be paid at time of registration). **Please include funds for pre-orders when you return your form.**

Summer Camp T-Shirt (\$12) select size YS, YM, YL, AS, AM, AL, AXL, AXXL

Printed Photos- 5x7 Camp and 5x7 Cabin (\$8)

Water Bottle (\$15)

Trail Ride (\$7)- Junior campers led by staff; Teen campers 45 minute ride in National Forest

Amount Enclosed _____

This form is for Grand View Camp group registration. Please return this completed form and signed medical/waiver form to your group leader.

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** _____