



Please enroll my child for 2010 in the following sessions...

Session 1  
(SUNDAY, JUNE 20 TO SATURDAY, JUNE 26) \$1100

Session 2  
(SUNDAY, JUNE 27 TO FRIDAY, JULY 16) \$3300

Session 3  
(SUNDAY, JULY 18 TO FRIDAY, AUGUST 6) \$3300

Visiting Day is **Saturday, July 17, 2010** for campers attending Sessions 2&3. Tuition does not include trip and canteen fees.

### Camper Information

Name of Camper (First, Last) \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size (YSM/YMD/YLG/ASM/AMD/ALG) \_\_\_\_\_

Name of School \_\_\_\_\_ Entering Grade (2010/2011 school year) \_\_\_\_\_

Day Camps Attended \_\_\_\_\_ Years Attended \_\_\_\_\_ Residential Camps Attended \_\_\_\_\_ Years Attended \_\_\_\_\_

### Contact Information

Primary Address: Camper living with  Mother & Father  Mother  Father  Legal Guardian  
Please complete as you want your mail addressed, ie. Mr. and Mrs. Don Moody / Don and Debra Moody

Address To \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Secondary Address (If Applicable):  Please include secondary address in all mailings

Address To: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

### Parent Information

Father's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Primary Phone (Business, Home, Cell) \_\_\_\_\_ Alternate Phone (Business, Home, Cell) \_\_\_\_\_ Fax Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Primary Phone (Business, Home, Cell) \_\_\_\_\_ Alternate Phone (Business, Home, Cell) \_\_\_\_\_ Fax Number \_\_\_\_\_

### Siblings

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

### Optional Programs

Camp Canyon offers Optional Programs for Horseback Riding, Personalized Tennis, and Golf at an additional cost. Sign up sheets will be mailed separately. Fees vary by program.

APPLICATION FOR ENROLLMENT 2010

## Camp Canyon Terms and Conditions

- Rules and Regulations** The camper ("Camper") and guardians ("Parent") agree to abide by all of the rules and regulations established by Camp Canyon ("Camp") including and without limitation those relating to enrollment and withdrawal of campers.
- Payment** By executing below, the undersigned Parent of the enrolled Camper agrees to pay Camp for the weeks and optional programs as designated. A canteen fee and trip fee will be charged for sessions two and three (Canteen fee \$50 per 3-week session and trip fee \$50 per 3-week session). Tuition balances and fees must be paid in full by March 1, 2010 unless the Parent has received a written extension from Camp. All payments should reflect the name for the enrolled camper. If tuition fees are not paid in full for Camper, Parent will be liable for all costs of collection, including attorney's fees, and camper enrollment is not guaranteed.
- Dismissal of Camper** Camp has the right, at its discretion, to dismiss Camper should it deem Camper's condition, influence, conduct or behavior to be detrimental to the best interest of the Camp or to violate Camp rules and regulations. In such case, no refund will be made.
- Permission to Participate** Parent grants permission for Camper to participate in all Camp activities including excursions and trips.
- Refund Policy** Should a Parent cancel a Camper's enrollment prior to December 1st, 2009 a full refund will be given to Parent for all payments made. After December 1st, 2009 refunds for cancellation are the sole discretion of the Directors.
- Camper Medical Information** Parent must inform the Director prior to registration if Camper has received professional counseling or medication for behavioral modification during the last 12 months. Parent must also inform the Director immediately if such care or medication occurs after registration and prior to the camp season. Failure to inform the Director may lead to dismissal of Camper from Camp, and in the event of such dismissal, there will be no refund.
- Emergencies and Medical Care** Camp Canyon is granted permission to secure any and all medical and/or surgical treatment and hospital service deemed necessary by its Directors and/or camp medical staff. Should outside medical or dental treatment be required, Parent will be responsible for all expenses. In addition, any dental, orthodontic or optical services required will be paid by Parent.
- Images** Permission is hereby granted for Camp Canyon to use in promoting the Camp and in other ventures directly relating to the Camp ie, digital, photographic, video, and audio images or likeness of camper; and statements, articles, music, art, photographs, audio recordings, films and videos created by Camper or originating from Camp or from camp related activity.
- Personal Property** Camp is not responsible for Camper's belongings or equipment.
- Late Arrival/Early Departure** There will be no deductions in costs for late arrivals or early departures without the Director's consent prior to the session(s) in which the Camper is enrolled.
- Disputes** Any and all claims and disputes against the Camp by Camper or Parent shall be brought and maintained in the courts of the State of Delaware. Any individual who brings legal action against the Camp, and which action is decided in favor of Camp, will be responsible for all legal fees, court costs and related out-of-pocket expenses.

I understand and acknowledge the Camp Canyon Terms & Conditions:

\_\_\_\_\_  
Parent Signature

## Payment Information

Place credit card information below or make checks payable to Camp Canyon, 14258 Creek Run Drive, Riverview, FL 33579 and be sure to put your child's name in the "Memo" portion. A deposit of \$1000 is required with this application and will be credited towards camp tuition.

The remaining balance is due by March 1st.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Credit Card Security Number

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Credit Card Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## Do you have a friend who might also be interested in Camp Canyon?

If you provide us with the following information, we will be happy to send them a package.

\_\_\_\_\_  
Parent First Name

\_\_\_\_\_  
Parent Last Name

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Fax Number

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