

# Shadow Mountain

Camper No. \_\_\_\_\_ (Registration is on a first come first serve basis for those students currently enrolled in fifth grade in Nebo School District)

## Registration Form Summer 2008

Student Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

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

School: \_\_\_\_\_

Preferred Camp Dates: \_\_\_\_\_ T-Shirt Size Youth \_\_\_\_\_ (or) Adult \_\_\_\_\_  
Youth ( s m l ) Adult ( S M L XL )

Male \_\_\_\_\_ Female \_\_\_\_\_

Parents Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please list two people we may contact in case of an emergency and we cannot contact you:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any special information or medical problems that we may need to be aware of while at Shadow Mountain in the space below. Please attach a second sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety is a primary concern at Shadow Mountain. We have made every effort to minimize risks in this program. All activities are carefully controlled and supervised by certified teachers and/or technicians. Regardless of the precautions we take, there will always be some risk in a program of this nature. This is an outdoor camp. The students participate in hikes, games and other activities in the outdoors. Our safety record has been outstanding. However, please be aware that **Nebo School District does not carry medical or accidental insurance for the campers. Insurance will be your responsibility.**

I have read the above registration information and hereby authorize the staff at Shadow Mountain to provide whatever medical attention is necessary in the case of a medical emergency if my child's parent/guardian cannot be reached. I realize that I am responsible for providing medical insurance for my child.

Parent or Legal Guardian's Signature \_\_\_\_\_

**Please make checks payable to Shadow Mountain.**

**For Office Use Only:**

Paid \$ \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_ Initial \_\_\_\_\_

Check # \_\_\_\_\_

Note: \_\_\_\_\_  
\_\_\_\_\_

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Cut on line

Camper No. \_\_\_\_\_

**Receipt for  
Shadow Mountain Program  
Summer 2008**

**Student Name:** \_\_\_\_\_ **School** \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

Paid \$ \_\_\_\_\_ on Date: \_\_\_\_\_ by Check # \_\_\_\_\_ Cash \_\_\_\_\_

Verification: \_\_\_\_\_

(Signature)

This receipt is for your records. It is not necessary to bring it to camp. If after registration you decide to cancel, a \$25.00 cancellation fee will be assessed against the registration fee.