



Days at Canyonview are packed with fun activities, games, songs, stories, and awesome Bible times about God's Son, Jesus Christ! As campers arrive each morning, they'll meet our staff and take a short hike down to scenic Drift Creek. There they'll find the Monkey House, Teepee, Noah's Ark, the waterfront, and lots more!

Afternoons are filled with swimming, canoeing, fishing, and creek-walking under the supervision of our counselors and lifeguards. Campers who pass the swim test can even use the rope swing and take the 60-ft plunge down the water slide!

Make sure and set aside Friday evening to join your camper for Family Night - you won't want to miss it! Camp begins later that day and ends with a family potluck supper. Reminders will be sent home during the week with more details.

Our summer theme this year is "Choose Your Own Adventure!" The verse *Joshua 24:15* says "But if serving the LORD seems undesirable to you, then choose for yourselves this day whom you will serve... But as for me and my household, we will serve the LORD." It is our hope that we will be able to show your kids the joy of living a life of Adventure, willingly choosing to follow Jesus!



* Supervised FUN in the Day Camp area & WaterFront
 W/ Qualified Lifeguards & activity Leaders
 * Small groups W/ a trained counselor & assistant counselor
 * Healthy Mid-Morning Snacks
 * Activities & crafts include swimming, canoeing, archery, pony rides, candle making and much more!
 * Family Night program on the last day of camp



Health Information

Camper Name _____
 M / F (circle one) Height _____ Weight _____ Age _____ Birth Date _____ Grade in 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 or 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: _____

Emergency Release Statement

In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Canyonview to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I, therefore, sign my signature: _____ Date _____
 Parent / Legal Guardian _____

Make checks payable to:
 West Salem Foursquare Church

If you do not want pictures taken of your child to be used in future brochures and advertisements by Canyonview, please include a signed and dated note with registration form indicating so.

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

West Salem Foursquare Church

August 2—6, 2010

\$120 (includes transportation)

Time Schedule

Mon - Thurs Bus leaves at 7:45 am - returns at 4:00 pm

Friday Bus leaves at 11:15 am (no bus return)

Family Night: Friday 6:30 pm - 8:30 pm

Register with

Jake Poetzl at 503-391-4346

email: jake@wsfc.org

Please make checks payable to:

West Salem Foursquare

The registration should be turned in or mailed to:

West Salem Foursquare

Attention: Craig Oviatt

3094 Gehlar Rd NW

Salem, OR 97304

What to Bring

- * A sack lunch each day & refillable Water Bottle
- * Modest swimsuit & towel
- * Sweatshirt, a few extra clothes, & rain gear
- * Extra tennis shoes, aqua socks or water sandals
- * A Bible (one will be provided if needed)

Camp T-shirts will be available for purchase at

Family Night for \$10

Cash & Checks accepted

Canyonview Information

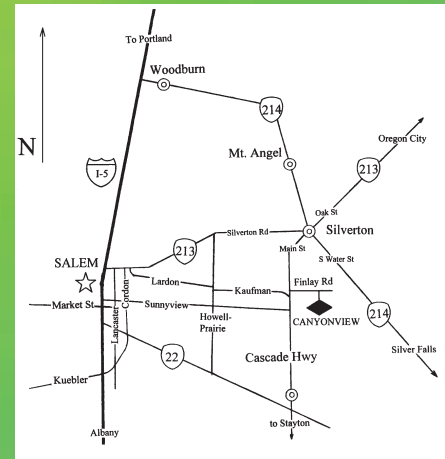
PO Box 128 Silverton, OR 97381

13000 Finlay Rd NE

Office: 971-239-1347 Fax: 503-873-8369

Email: info@canyonview.us

Website: www.canyonviewcamp.org



Registration

Camper Name _____ Gender M/F Grade in Fall _____

Address _____

City State Zip _____

Home # _____ Cell # _____ Work # _____

Email _____

Emergency Contacts

Primary Guardian _____ Phone # _____ Alternate # _____

Secondary Contact _____ Relationship _____ Phone _____

For those entering 1st - 6th grade in the fall.

Where did you hear about camp?

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.

Buddy Preference: _____

(Must be no more than one grade apart; request must be mutual)

Please sign the following statement to register your child.
 I, the signed below, agree to indemnify and hold harmless Canyonview Camp, Bible Teaching, Inc., and its agents and employees against all liability, claims, charges, expenses, and attorney fees arising out of, or connected with the use of, its facilities and horses. I, therefore, sign my signature:

Parent/Guardian _____

Date _____

Please fill out the back side of the form too!