



# DELTA OUTDOOR ADVENTURE SUMMER CAMP

## 2020 Registration Form

CAMPER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Text Message: Yes \_\_\_\_ No \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please **CHECK MARK** the camp/s you are interested in. See website for a full description of each camp.

☐ **Outdoor Adventure Day Camp** (Ages 11-13) \$250

- July 6-10, 2020

☐ **Climbing Day Camp** (Ages 14-15) \$280

- June 15-19, 2020 Shoe size: \_\_\_\_\_

Enclosed is the: Deposit- ☐ \$ \_\_\_\_\_ Full Payment- ☐ \$ \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (☐ Adult, ☐ Youth)

Please complete the **Waiver** and **Medical** form online at [www.smartwaiver.com/v/delta](http://www.smartwaiver.com/v/delta)

Mail payment **and** registration forms to:

**DELTA Camps c/o Keith McCallister**  
**231 W 6<sup>th</sup> Street**  
**Powell, WY 82435**

\*Deposit is non-refundable two weeks prior to camp start date. **Full balance due within one week before camp begins.**

### **MEDICAL TREATMENT & CONSENT**

Insurance Carrier \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

*I hereby authorize the director and program instructor(s) of the **DELTA Outdoor Adventures** to act for me according to his/her best judgment in any emergency requiring medical attention. I grant permission for my child, \_\_\_\_\_, to receive medical treatment. I understand that I am responsible for any expenses associated with treatment of the injury. Please remember, insurance is **NOT** provided for participants.*

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_