

Please register my child for:

\_\_\_ Rio Vista (boys)

\_\_\_ Sierra Vista (girls)

Ages 6 - 16 for 1st & 3rd Term  
Ages 8-16 for 2nd Term

# VISTA CAMPS 2010 Application

*You can also register online at [vistacamps.com](http://vistacamps.com)*

Please select term:

\_\_\_ First Term (6/6-6/19)

\_\_\_ 1A (6/6-6/12) \_\_\_ 1B (6/13-6/19)

\_\_\_ Second Term (6/21-7/16)

\_\_\_ 2A (6/21-7/3) \_\_\_ 2B (7/4-7/16)

\_\_\_ Third Term (7/18-7/31)

\_\_\_ 3A (7/18-7/24) \_\_\_ 3B (7/25-7/31)

A \$300.00 deposit must accompany the application to guarantee a place for the summer of 2010. 90% of the deposit less any Earlybird gifts received is refundable upon written request until March 1st of the year applied for. Deposits are non-refundable after March 1. Cancellations after March 1 are subject to a complimentary roll-over for one year. Please make checks payable to VISTA CAMPS.

Full Name \_\_\_\_\_ Name called \_\_\_\_\_

Address \_\_\_\_\_ Home telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Camper's E-mail \_\_\_\_\_

# Previous sessions at Vista Camps \_\_\_\_\_ Tribe \_\_\_\_\_ Church affiliation \_\_\_\_\_

Mother's name \_\_\_\_\_ Address \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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

Father's name \_\_\_\_\_ Address \_\_\_\_\_

Father's occupation \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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

With whom does child live? Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify) \_\_\_\_\_

Birthdate \_\_\_\_\_ (M/D/YR) School \_\_\_\_\_ Grade completed (as of summer 2010) \_\_\_\_\_

Other camps attended (When?) \_\_\_\_\_

How, or from whom did you learn of Vista Camps (please specify) \_\_\_\_\_

Comments, requests, etc.: \_\_\_\_\_

I certify that my child is amenable to discipline and free from habits that would make him or her unsuitable as a camper. In the case that I cannot be reached in an emergency, I grant permission to camp officials to provide necessary medical attention in case of sickness or injury. I hereby release Camp Rio Vista, Inc., Camp Sierra Vista, all owners, staff and volunteers, from any damages, personal injury or sickness, or otherwise, suffered by my child or children, due to any accident on or off Vista Camps' premises that might occur while enrolled in camp. I also grant permission for my child to be photographed/videoed during camp activities to be used for camp marketing and promotion purposes.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

In signing this application, I agree to abide by all camp regulations.

Camper's signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEW CAMPERS PLEASE ATTACH A RECENT PHOTOGRAPH

Payment for the \$300 deposit may be made using a credit card. (Please fill out the information below.)

Check the appropriate card:



Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing address for card \_\_\_\_\_

Fax application to (830) 367-4044 or mail to Vista Camps, 175 Rio Vista Road S, Ingram, TX, 78025.

Please do not e-mail with credit card information as it is not secure.