UNSURPASSED TRADITION

CAMP CANYON

UNPARALLELED FACILITIES

Winter Address:
14258 Creek Run Drive
Riverview, FL 33579

Fax: 267-295-7831
E-mail: info@campcanyon.com
Phone: 800-917-1902

Please read the following statements carefully and then sign, date and provide the information required.

Medical Disclosure (2012)

☐ I guarantee that I have fully and completely disclosed all medical treatment and prescribed medications, for any condition whatsoever whether chronic, temporary or other, that I have received/undergone in the 12 months prior to August 5th 2012 on the Medical Health Form as signed by my physician

☐ I understand that failure to fully disclose treatment may result in my expulsion from Camp Canyon without prejudice.

_____ _____ _____

Print Staff Name | Date | Signature of Staff Member

Medical Billing Authorization (2012)

☐ I authorize Camp Canyon, LLC to bill my credit card, as listed below, for any and all charges related to medical treatment, co-pay or other health care charges related to myself without additional authorization.

☐ I do have personal medical insurance

☐ I do NOT have personal medical insurance

_____ _____ _____

Print Staff Name | Date | Signature of Staff Member

_____ _____ _____ _____

Cardholder Name | Expiry Date | CVV Number (Rear for Visa/MC, Front for Amex) | Credit Card Number

_____ _____ _____

Card Billing Address | City, State Zip/Postal Code | Country