

CAMP SONRISE MOUNTAIN APPLICATION

“IT’S YOUR MOVE”

Arctic Blast

February 16-18, 2018

Deadline for Application: February 10,2018

COST: \$55

Registration: Friday, Feb. 16th @ 6pm

Pick up: Sunday, Feb. 18th @ 1pm

For Grades 6 – Graduating Seniors **ONLY**

(We are having separate retreat this year for the older ages. Please watch for those details!)

.....
Camper Name: _____ **DOB:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone #: (_____) _____

Alternate Phone #: (_____) _____

Parent Email Address: _____

Local Church: _____

.....
Medical Information:

Physician Name: _____ **Phone #:** (_____) _____

Allergies: _____

Medications: _____

.....
I release the camp management and staff in charge from all responsibility of illness and accident occurring during my child’s stay at camp. I give the camp staff permission to have my treated at a medical facility in case of needed emergency treatment, in which case 911 will be called. I will accept any charges incurred that are not covered by insurance. I give the camp staff permission to give my child non-prescription medication if needed.

Parent’s Signature: _____ **Date:** _____

Please make check payable to: ARCM

Mail application and payment to:

Becky Rodriguez

620 Wesley Chapel Rd.

Scottdale, PA 15683

Phone: 724-887-3990 Email: BeckyJuan4@zoominternet.net