

# ARCTIC BLAST V - "IMAGES"

FEBRUARY 17 - 19, 2012 at Camp Sunrise Mountain  
GRADES 6 THRU 12 TOTAL COST: \$55 PER PERSON

Camper Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Camper's Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Local Church: \_\_\_\_\_

Mailing Address of Local Church: \_\_\_\_\_

**Family Health Insurance:**

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

Policy or Group Number \_\_\_\_\_

Agreement Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

List any allergies we need to be aware of: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

I, the undersigned, hereby certify that:

1. The above information is correct, to the best of my knowledge.
2. My child is able to participate in all aspects, except as noted.
3. I give the staff permission to have my child treated at a medical facility in case of needed emergency treatment and I will accept charges incurred that are not covered by insurance.
4. I release the camp management and staff in charge from all responsibility of illness and accidents occurring during my child's stay at camp.

Signature of Parent or Guardian

Date

Mailing address of Parent or Guardian: \_\_\_\_\_

Mail completed application and \$55 by January 31, 2012 to:  
Becky Rodriguez, 620 Wesley Chapel Road, Scottsdale, PA 15683  
Phone: 724-887-3990 Email: [campsonrisemountainregistrar@gmail.com](mailto:campsonrisemountainregistrar@gmail.com)  
(Please make check payable to Camp Sunrise Mountain)