

CAMP SONRISE MOUNTAIN APPLICATION

Fall Retreat

November 3-5th 2017

Deadline for Application: October 27th 2017

COST: \$55

Registration: Friday, Nov. 3rd @ 6pm

Pick up: Sunday, Nov. 5th @ 1pm

For Grades 6 – Graduating Seniors

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Camper Name: _____ **DOB:** _____

Address: _____

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

Preferred Phone #: (_____) _____

Alternate Phone #: (_____) _____

Parent Email Address: _____

Local Church: _____

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Medical Information:

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

Allergies: _____

Medications: _____

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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.

Scottsdale, PA 15683

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