



**FALL RETREAT NOVEMBER 5 – 7, 2021**  
(Deadline for Application: October 29, 2021)

COST: \$55

Registration: Friday, Nov. 5<sup>th</sup> @ 6 pm

Pick up: Sunday, Nov. 7<sup>th</sup> @ 1 pm

For Grades 6 – Graduating Seniors

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](mailto:BeckyJuan4@zoominternet.net)