



**JUNIOR FALL RETREAT OCTOBER 20-22, 2023  
(GRADES 6 - 8)**

(Deadline for Application: October 13th)

COST: \$100

Registration: Friday, Oct. 20th @ 6:30 pm

Pick up: Sunday, Oct. 22nd @ 3 pm

Camper Name: \_\_\_\_\_

Gender: M F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Local Church: \_\_\_\_\_

Cabin Mate Request: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Is camper currently taking medications? If so, please list: \_\_\_\_\_

(Medications must be in **original container** and given to the camp nurse.)

RELEASE: I release the camp management and staff in charge from all responsibility of illness and accident occurring during and one week after my child's stay at camp. I give the camp staff permission to call 911 to have my child treated at a medical facility in case of an emergency and 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. Camp/Staff has permission to take/use photo, press, audio, electronic media of my child for camp purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make check payable to: Camp Sunrise Mountain**

Mail application and payment to:

Camp Sunrise Mountain

490 Caney Valley Road, Markleysburg, PA 15459

Phone: 301-746-5760

Email: [cdix@campsonrisemountain.org](mailto:cdix@campsonrisemountain.org)