



(Deadline for Application: January 26th)

COST: \$100

Registration: Friday, Feb. 2nd @ 6:30 pm

Pick up: Sunday, Feb. 4th @ 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