

PRM-web
Only 1 child per application

<h2 style="text-align: center;">Camp Open Arms 2017</h2> <p style="text-align: center;">sponsored by Peninsula Rescue Mission, Inc.</p> <p style="text-align: center;">3700 Huntington Ave., Newport News, VA 23607 757.380.6909 - www.PRM.info</p>
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Last Name

<u>Camp Dates</u>	
Ages 8-11	July 10-14, 2017
Ages 12-15	July 17-21, 2017

Camper's Name:			Date of Birth:	
Address:			Home Phone:	
City:	State:	Zip:	Sex: M F	Age:
Mother's Name:		Cell #:	Does child wet bed? Y N	
Father's Name:		Cell #:	Shoe Size:	
Please list child's medications and allergies:				

Emergency Contact Info (CANNOT BE MOTHER or FATHER)		
Name:	Cell #:	Home #:
Address:		Relationship:

<ul style="list-style-type: none"> • I state that I am the parent or legal guardian of the applicant, and I give my consent for my child to: <ul style="list-style-type: none"> • attend Camp Open Arms. • receive necessary medical treatment in case of emergency. • be photographed/videoed and such photos used in advertising the camp. • study the Bible and pledge to the American flag. • I will not hold the Peninsula Rescue Mission, staff, volunteers, or sponsors liable in case of accident, illness, or loss/damage of/to personal property. • I will provide a birth certificate to verify my child's age if needed. • I understand that if my child does not comply with the rules of Camp Open Arms he/she may be sent home. Any camper who is sent home will not be eligible to return to Camp Open Arms in the future. <p>(If these are not agreed to the application will not be considered).</p>	
Mother's Signature:	Date:
Father's Signature:	Date:
You will be notified by mail of your acceptance, what to bring, and when and where to come.	
Transportation to and from Camp will be provided from the Peninsula Rescue Mission.	