

<b>PRM-web</b>
Only 1 child per application

<h2 style="text-align: center;">Camp Open Arms 2018</h2> <p style="text-align: center;">sponsored by <b>Peninsula Rescue Mission, Inc.</b></p> <p style="text-align: center;">3700 Huntington Ave., Newport News, VA 23607 757.380.6909 - <a href="http://www.PRM.info">www.PRM.info</a></p>
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Last Name
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<b><u>Camp Dates</u></b>	
Ages 8-11	July 9-13, 2018
Ages 12-15	July 16-20, 2018

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"> <li>• 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"> <li>• attend Camp Open Arms.</li> <li>• receive necessary medical treatment in case of emergency.</li> <li>• be photographed/videoed and such photos used in advertising the camp.</li> <li>• study the Bible and pledge to the American flag.</li> </ul> </li> <li>• 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.</li> <li>• I will provide a birth certificate to verify my child's age if needed.</li> <li>• 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.</li> </ul> <p><b>(If these are not agreed to the application will not be considered).</b></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 a location near you (locations will be given upon your child's acceptance to Camp Open Arms).	