

## Junior Music & Performing Arts Camp 2010 Camper Application

**Note: This application must be signed, completed in full and be accompanied by the registration fee before it can be considered for acceptance.**

**Date:** July 10-17, 2010

**Age:** 7-12 years

**Fee:** \$314. Please make cheque payable to The Salvation Army Camp Sunrise. There will be a \$25.00 charge for any cancellation. There is no refund once camp starts and no fee adjustment if a camper arrives late or leaves early. Fee includes T-shirt.

**Application & Fee is due at Divisional Headquarters on/before June 4, 2010.**

### CAMPER INFORMATION:

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth (d/m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Corps/Church Attending \_\_\_\_\_

School Grade Completed (June 2010) \_\_\_\_\_

Has the camper previously attended Camp Sunrise? Yes No If yes, what year(s)? \_\_\_\_\_

Camper Roommate Request \_\_\_\_\_

T-shirt Size Youth S M L Adult S M L



**PROGRAM CHOICE:** Please circle your preferred choice.

Choir

Band

Drama

If you have selected band, what instrument do you play? \_\_\_\_\_

**Note: Camper's must bring band instrument to camp.**

**PARENT/GUARDIAN INFORMATION:**

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**CAMPER PICK-UP INFORMATION:**

Please provide the names of any individuals to whom Camp Sunrise may release the camper. Please note that Camp Sunrise will not release the camper to any person other than the parents or guardians unless the individual's name is listed below.

**#1**

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**#2**

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**CAMPER PICK-UP INFORMATION:** Is there any other information regarding pick-up of your child or custodial arrangements that you feel Camp Sunrise should be aware of?

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**ACKNOWLEDGEMENT:** By signing below, I confirm that I am the parent/guardian of the camper. I have full authority to make the following representations and agree that:

The Camp Director may dismiss any camper when it is deemed by him/her to be in the best interest of the camper and/or camp.

Camp officials have the authority to act on my behalf in the event of an emergency and/or special medical treatment. In such a situation, I understand that the Camp Director will attempt to notify the parent(s)/guardian(s) or other emergency contacts noted in this application as soon as possible.

I will pay for the costs associated with any necessary prescription drugs and/or special medical treatment.

I will notify Camp Sunrise if my child is exposed to an infectious disease during the three weeks prior to arriving at camp and/or in the event that any of the information contained in this application should change.

I hereby release The Salvation Army and all organizations and persons associated with it from any and all claims relating to any loss, injury or damage sustained by my child and/or his/her property.

To the best of my knowledge, the information provided in this application is accurate and complete.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR PHOTOGRAPHS, VIDEOS & AUDIO RECORDINGS:**

I give permission for The Salvation Army to take photographs, video and audio recordings of my child during his/her Holiday Camp Session and to use them for marketing, public relations and promotional purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Ministry Unit:** \_\_\_\_\_

**Signature:** \_\_\_\_\_