

Camp Sunrise Music & Performing Arts Camp

2011 Application

August 20-27, 2011
Ages 13-19
Cost \$323/camper



Due Date: Friday July 15, 2011

Return completed application & fee to your local Salvation Army unit **OR**

The Salvation Army Divisional Headquarters Youth Department

103-3833 Henning Dr | Burnaby, BC | V5C 6N5

Camper Information

Surname: _____ First Name: _____ Gender: _____

Date of Birth: (dd/mm/yy) ___/___/___ Age: _____ School Grade Complete (June 2011): _____

Home Address: _____ City: _____ Prov: _____ Postal Code: _____

Email: _____

Has the applicant previously attended Camp Sunrise? _____ If yes, which year? _____

Parent/Guardian Information

Surname: _____ First Name: _____

Address: (If different than above) _____ City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to the Camper: _____

Payment Information

Which Church/Location are you applying through? _____

Is payment included with application? _____ If no, please indicate the reason: _____

* Please make cheques payable to The Salvation Army Camp Sunrise with a note indicating both the camp and applicant's names.

** Camp subsidies are available. Please contact Department of Social Services or your local Salvation Army Unit for further information.

Cancellation Policy

More than four weeks before camp, all but \$25 is fully refundable. Less than four weeks, all but \$100 is fully refundable. There will be no refund once camp starts and no fee adjustment if a camper arrives late or leaves early or is dismissed due to disciplinary action.

Program Choice & T-shirt Size

Choir Drama Guitar Band → What instrument do you play? _____

Please indicate your preferred t-shirt choice.

Youth **S** **M** **L** OR Adult **S** **M** **L** **XL** **XXL**

Camper Pick - Up Information

Will the Parent/Guardian be picking up the camper? _____ If no, 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 guardian unless the individual's name is listed below.

#1 Relationship to Camper: _____

First and Last Name: _____

Address: _____ City: _____ Prov: _____ PC _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is there any other information regarding pick-up of your child or custodial arrangements that you feel Camp Sunrise should be aware of?
Use extra paper if necessary.

#2 Relationship to Camper: _____

First and Last Name: _____

Address: _____ City: _____ Prov: _____ PC _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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 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 all costs associated with any necessary prescription drugs and/or special medical treatment (including ambulance costs).

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 Camp Session and to use them for marketing, public relations and promotional purposes.

Signature of Parent/Guardian: _____ Date: _____