

## Teen Camp 2010 Camper Application

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

**Date:** July 4-9, 2010

**Age Requirement:** 13-19 years of age.

Return completed application & fee to your local Salvation Army Unit or The Salvation Army Divisional Headquarters - Youth Department (103-3833 Henning Drive, Burnaby, BC, V5C 6N5) on/before **June 4, 2010**.

### CAMPER INFORMATION:

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

Date of Birth: (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School Grade Completed (June 2010): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

### PAYMENT INFORMATION:

Camp Fee is \$230.00 per camper.

Please make cheque payable to The Salvation Army Camp Sunrise.

There will be a \$25.00 charge for any cancellation prior to the first day of the camp. 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.

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

Please indicate the amount being submitted with this application: \$ \_\_\_\_\_.

**PARENT/GUARDIAN INFORMATION:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

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 guardian unless the individual's name is listed below.

**# 1**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

**# 2**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell 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? *Use extra paper if necessary.*

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

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

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