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

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| <h2 style="text-align: center;">Camp Open Arms 2019</h2> <p style="text-align: center;">sponsored by<br/><b>Peninsula Rescue Mission, Inc.</b></p> <p style="text-align: center;">3700 Huntington Ave., Newport News, VA 23607<br/>757.380.6909 - <a href="http://www.PRM.info">www.PRM.info</a></p> |
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|           |
|-----------|
| Last Name |
|-----------|

|                          |                  |
|--------------------------|------------------|
| <b><u>Camp Dates</u></b> |                  |
| Ages 8-11                | July 15-19, 2019 |
| Ages 12-15               | July 22-26, 2019 |

|  |        |         |                         |      |
|--|--------|---------|-------------------------|------|
| 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).  |       |