



**Camp
Arrowhead**
FOR BOYS

2008 Application

A summer of adventure. A lifetime of memories.

| | |
|--------------------------|-------------------|
| June Camp: (3 weeks) | June 8 - 27 |
| Season Camp: (7 weeks) | June 8 - July 25 |
| Junior Camp: (1 week) | June 30 - July 5 |
| Main Camp: (4 weeks) | June 30 - July 25 |
| Two-week Camp: (2 weeks) | July 12 - 25 |



Camper's Name _____ Birthdate _____

Home Address _____

City, State, Zip Code _____

Camper's Email address _____

School Grade 07/08 _____ School _____ Height _____ Weight _____

Mother's Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Father's Name _____

Address (if different) _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

How did you find out about Camp Arrowhead? _____

No camper may leave camp with anyone other than his parent except with written permission. _____

may leave camp with the following individuals: _____

- 1) I give permission for the camp to secure medical treatment for my child and accept responsibility for any expense involved.
- 2) I agree to support the camp director in all cabin assignments.
- 3) I give camp permission to use my son's image in films, photographs, and other promotional materials.
- 4) I understand the fee schedule and will pay \$500 with this application, \$500 by Feb. 1, 2008, and the balance by May 1, 2008.

I understand there are a number of risks inherent to summer camping. I, my spouse, and my child agree to assume those risks, and we each release Camp Arrowhead and its owners, directors, employees and agents harmless from, and waive any claim against the camp resulting from my child's participation in any activity while at Camp Arrowhead for Boys.

Parent or Guardian _____ Date _____

2008 SESSION FEES

June Camp: \$2,900
Season Camp: \$7,500
Junior Camp: \$ 950
Main Camp: \$4,100
Fortnight Camp: \$2,150

PLEASE ATTACH
A RECENT
PHOTO OF
YOUR CAMPER

Please make checks payable to: Camp Arrowhead for Boys

Health Insurance Co _____
Claims Address _____
Policy # _____ Group # _____
Name of Insured _____
Relation to Camper _____

CREDIT CARD AUTHORIZATION

We accept Visa, MasterCard, and American Express credit card payments.

Please fill out the required information. I authorize Camp Arrowhead to charge my credit card:

TYPE OF CARD Visa _____ MasterCard _____ Am Ex _____

Cardholder's Name _____

Billing Address _____

Card Number _____ Expiration Date _____ 3-4 digit code _____

Amount of Charge _____

Cardholders Signature _____

T-SHIRT SIZE Youth S _____ Youth M _____ Youth L _____ Adult S _____ Adult M _____ Adult L _____

Dietary restrictions or food allergies? _____

Please list any friends or relatives who might be interested in attending Camp Arrowhead for Boys

Parent's name Address City State Zip

Phone # Email Camper's name Grade Age

Parent's name Address City State Zip

Phone # Email Camper's name Grade Age

PERMISSION TO TREAT FORM

Camper Name _____ DOB _____
Parent(s)/Guardian(s) _____ Home phone (____) _____
Work Phone(s) (____) _____ Cell (____) _____

Emergency Contact

Name _____
Relationship to camper/staff _____
Home Phone _____ Work _____ Cell _____

Health Insurance Information

Insurance Carrier _____
Carrier Address _____ City/State/Zip _____
Policy Number _____ Group Number _____
Name of Insured _____ Relationship to Camper: _____
Insured's Social Security or Insurance ID Number _____
Prescription Plan Carrier _____ Prescription Plan Number _____

Medical Insurance and Prescription Cards

Please photocopy both sides of your family's insurance and prescription card and attach here. The prescription card will be used if your child requires prescription medications this summer.

Medical Insurance Card (front)

Medical Insurance Card (back)

Prescription Card (front)

Prescription Card (back)