



# 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
Mid-Summer Camp (11 days)	June 30 - July 11
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
Mid-Summer Camp:	\$1,850
Main Camp:	\$4,100
Two-week 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 (\_\_\_\_\_) \_\_\_\_\_

I give permission for the camp to secure medical treatment for my child and accept responsibility for any expense involved.

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

### 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 cards and attach. 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)