



**The Salvation Army
Seattle White Center
Corps & Community Center**

9050 16th Ave SW • Seattle, WA 98106-2354
P.O. Box 46333 • Seattle, WA 98146-0333
Phone: (206) 767-3150 • Fax: (206) 767-9548



Camp Arnold located at: 33712 Webster Road East, Eatonville, WA 98328

Camp Arnold Camp Application

MUST BE COMPLETELY FILLED OUT & SIGNED TO BE CONSIDERED

Completed applications must be returned in person

After paper application and payment have been received you will receive an emailed link to an online application that must also be completed before camp

Camp Dates:

Please **Check the Dates** you would like your child to attend Camp Arnold

My child is interested in attending the following weeks: Cost is \$90 per week

- Discovery Camp **AGES 8-12** July 9th—July 13th
- Tahoma Wilderness Camp **AGES 13-17** July 9th—July 13th
- Discovery Teen Camp **AGES 13-17** July 30th—August 3rd
- Tahoma Wilderness Camp **AGES 13-17** July 16th—July 20th

Child's First Name _____ Last Name _____ Male / Female

Child's Date of Birth _____ Age _____ Grade _____ School _____

Child's Home Address _____

City _____ State _____ Zip _____

Name of Mother or Legal Guardian: _____

Mother's Home Address (if different than above): _____ City _____ State _____ Zip _____

Name of Father or Legal Guardian: _____

Father's Home Address (if different than above): _____ City _____ State _____ Zip _____

Guardians VALID Email Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Name(s) of Person(s) authorized to pick-up the child up at the end of the week:

NAME & RELATIONSHIP TO CHILD:	PHONE #:	ADDRESS:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MEDICAL INFORMATION

Please provide all known health information, including medical history and chronic medical problems. In addition, please provide any information that would help us to understand your child (allergies, eating habits, personality, fears, illnesses, etc.):

Doctor: _____ Phone # _____ Address: _____

WAIVERS

I agree to provide transportation home for participant in the event of behavior problems.

In case of emergency and in my physical absence I hereby request and give my consent for my child to be given medical services of any kind and nature that an emergency room physician deems appropriate to the circumstance and presenting condition of my child.

Parent/Legal Guardian Initials _____

Parent/Legal Guardian Signature

Date Signed

Permission to Transport Child

I give permission to The Salvation Army Seattle White Center Corps & Community Center to provide transportation for my child to and from Camp Arnold. The Salvation Army staff, in Salvation Army owned vehicles, age 21 or older with a current DMV check and completion of the Smith Driving Test.

Parent/Legal Guardian Signature: _____ Date: _____

I _____ declare that all the above data completed is true and I understand that I am
(Print Name)
responsible for payment of the number of weeks of attendance indicated. I allow my child to participate in any planned field trips and activities.

Parent/Legal Guardian _____ Date _____