

Peace Camp 2011 Registration Form

Please print information. Use one form for each camper

Camper's Name: _____ Goes by: _____

M F Age: _____ Birthday: _____ Fall '11 Grade: _____

Parent/Guardian's Name(s): _____

Mailing Address _____

City: _____ St _____ Zip _____

Day phone: _____ Eve _____ Cell _____

Alt Cell _____ E-mail: _____

Register for week: July 11-15 _____ July 18-22 _____ July 24-29 _____

Persons authorized to pick up my child _____

Allergies/Medical concerns: _____

Health Insurance Carrier and ID: _____

Other needs or concerns: _____

My child can ___ cannot ___ participate in physical activities.

I, (please print) _____, give permission for my child to participate in Peace Camp 2011 and I hereby release The Peace Center, volunteers and staff from any liability for any injury or illness that my child may sustain during this camp. In the event of an emergency, if I cannot be reached, I hereby authorize an adult leader of Peace Camp 2011 to act as an agent for me, to consent to any x-ray exam; medical or dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the Laws of the Commonwealth of Pennsylvania, either at a doctor's office or in a hospital.

If I can not be reached in an emergency, call the secondary contact(s) below:

Name: _____ Phone _____

Name: _____ Phone _____

Signature of Parent/Guardian: _____ Date: _____

I give permission for my child to be photographed for publicity by newspapers and/or The Peace Center.

Signature of Parent/Guardian: _____ Date: _____

Check enclosed for \$ _____	or:	Charge \$ _____ to Visa /MC Number _____ Name on Card _____ exp ____/____
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We heard about Peace Camp from: newspaper flyer website friend other _____