

# Peace Camp 2010 Registration Form

Please print information. Use one form for each camper

Camper's Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

M F Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Fall '10 Grade: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Day phone: \_\_\_\_\_ Eve \_\_\_\_\_ Cell \_\_\_\_\_

Alt Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

Register for week: July 12-16 \_\_\_\_\_

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 2010 and I hereby release The Peace Center and United Christian Church (if applicable), and volunteers and staff working for these groups 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 The Peace Camp 2010 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 \_\_\_\_\_