

Peace Camp Registration Form 2018

Form Due: May 20, 2018 to Deborah Staebler / Camp Dates: June 11 to 14, 9am to 12noon

Email form to Deborah at re@uucci.org OR

Mailing Address: UUCCI, P.O. Box 1416, Columbus, IN 47202

Physical Address: UUCCI, 7850 W. Goeller Rd, Columbus, IN 47202

Child's Name: _____

Child's Age: _____ Gender: _____

Child's Birthdate: _____ Entering Grade: _____

Parent / Guardian Name (first and last name):

Email: _____

Phone: _____

Text: Y _____ N _____

Additional Parent / Guardian Name (first and last name):

Email: _____

Phone: _____

Text: Y _____ N _____

Primary Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

Secondary Mailing Address (if any):

Street: _____ City: _____ State: _____ Zip: _____

Preferred Methods OF Non-Emergency Contact (Please rank order; Leave blank if inapplicable):

Email _____ Phone _____ Text _____ U.S. Mail _____ Facebook Private Message _____

Your Child's T-Shirt Size (please circle one): Youth-sm Youth-med Youth-lrg Adult-sm

Adult-med Adult-lrg Adult-x lrg

Please attach child's photo

Payment: \$40 / child

Make checks to UUCCI

CASH or CHECK (circle one)

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If you give permission to photograph or videotape your children while participating in UUCCI Programming, please sign this standard Media Release Form. These photos may be posted within the church and/or published on the church website or Facebook page. (Names of children in the photos will not be published.)

Media Release Form

Unitarian Universalist Congregation of Columbus Indiana (UUCCI)

On occasion, UUCCI takes photographs and/or videos of adults and children in action as they participate in the congregational events such as worship, RE classes, Peace Camp, and social justice action. UUCCI would like to be able to use these images to promote UU activities and our congregation to the broader community. We commit to do so with respect and consideration, and only for the purpose of promoting the mission and principles of UUCCI. Photos and videos shall not reveal personal information, never identifying youth or children by name or address.

By signing this form, you authorize the use of your image and all identified members of your family in a manner consistent with the above statement and without compensation.

.....

I hereby authorize UUCCI, as parent and/or legal guardian of the child/children listed below, to photograph and/or videotape these children while they are participating in UUCCI activities, RE Programming, (such as Peace Camp, Youth Group, UU services, UU social action, etc.), and any other time they are on UUCCI property. These photos and recordings may be displayed or shared by UUCCI within the church and/or published to the broader community, whether on the UUCCI social media accounts such as its website or Facebook page or other channels, to further UUCCI's mission and principles. No minor will be identified by name and no private information about the minor will be published.

This permission is in effect until the child's 18th birthday or until I revoke it in writing.

Parent or legal guardian's name (printed)

Parent or legal guardian's signature

Date _____

Child's name and Date of Birth: _____

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Medical Authorization for 2018 Peace Camp:

I hereby authorize the Peace Camp staff of UUCCI (paid or volunteer) to take any reasonable action to obtain emergency medical care for the identified child, and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment of procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard by child's / ward's health when I cannot be easily contacted. I also agree to be responsible for any medical expenses not covered by my insurance.

My child has the following medical conditions, allergies, or dietary restrictions:

Medications: _____

In case of emergency, I can be reached at (____) _____ - _____ or (____) _____ - _____

If I cannot be reached, please contact:

Name _____ at (____) _____ - _____ Relationship _____

I understand and agree that I may revoke this Medical Authorization at any time by delivering a written revocation to a member of the Religious Education / Exploration staff. A copy of this permission slip will remain on file in the UUCCI office at all times.

Parent / Guardian Name (please print): _____

Parent / Guardian Signature _____ Date: _____

Please use this space (or an additional sheet of paper) to share additional information that you think will help us ensure a positive experience for your registrant. Please mark all that apply:

() Learning Challenges () Hearing/Vision Difficulties () Attention difficulties
