



SHERWOOD ROTARY
PEACE VILLAGE
JULY 9 - 13, 2018
APPLICATION & RELEASE FORM



One per child. Please print neatly or type.

Child's Name: _____

Grade entering in the fall of 2018: _____ (1st-8th graders eligible)

Birth Date (MM/DD/YYYY) _____

T-shirt Size: (select one) Youth: XS S M L Adult: S M L XL XXL XXXL

Parents/ Guardians Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Cell: _____

Home phone: _____

Media/Photography: (please select one below)

I do I do not give permission for Peace Village to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise Peace Village. Permission defaults to Peace Village if a choice is not indicated. (If you check "do not", your child will be excluded from the group photo).

Please describe something unique about your family: _____

Indicate any special dietary restrictions, medical considerations or accessibility concerns for your child: _____

Health Insurance:

Do you carry family health insurance? Yes No Carrier Group ID# _____

Family Doctor or Health Care Facility: _____ Phone: _____

Family Dentist/Orthodontist: _____ Phone: _____

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1 _____ Dosage: _____
Specific times to be taken each day: _____
Reason for taking: _____

Medication #2 _____ Dosage: _____
Specific times to be taken each day: _____
Reason for taking: _____

Asthmatics: (please initial one if applicable)

My child will carry an inhaler to self-administer for asthma related incidents. (parent initial)

I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed (recommended for day camp). (parent initial)

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities. I also recognize that Peace Village cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Peace Village and Rotary Club of Sherwood and St Francis Catholic Church and School from all liability for any injury to the camper.

I give permission to the camp medical staff to (1) administer the camper's routine medications, "as needed" medications, and over-the counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for Peace Village's office.

I agree to the above emergency authorization and liability release (required)

Parent/Guardian Signature: _____ Date: _____

Camp fee: \$135 if paid by May 9, 2018 or \$150.00 if registration received after May 9 but prior to June 9. All Fees due at time of registration. Make checks payable to: St Francis Catholic Church- Peace Village.

- I have financial need and would like my child to participate. (I understand there will be a minimum \$20 contribution)
- My child needs transportation.

Before Camp Care - You may deliver your camper to Peace Village as early as 8:30 am
Camp programs start promptly at 9:00 am, please arrive by 8:50 am each day.
Camp programs end at 2:30 pm. Please pick your child up by 3:00 pm.

After Camp Care - You may purchase after camp care at a cost of \$10.00 per day and delay camper pick up until 4:00 pm.

Yes, I will need After Camp Care on the following days:

M T W TH F and have enclosed additional \$10.00 per day.

DONATIONS

I wish to make an additional donation to support programing and inclusive camper participation.
Please accept my donation in the amount of \$ _____

If you are donating \$150.00 or more do you wish to have your name printed on the T-Shirts?

No I do not wish to have my name printed on the back of the T-Shirts.

Yes Please print my name on the back of the camp T-shirts as follows:

To apply, mail this form to:

Peace Village Camp, 15651 Oregon St, Sherwood, OR 97140

or email the completed form to peace@sherwoodrotary.org

"If we are to achieve real peace in this world, it will have to begin with the children"

Mahatma Gandhi

St Francis Church and School
15651 Oregon St, Sherwood, OR 97140
503-522-1917 / peace@sherwoodrotary.org