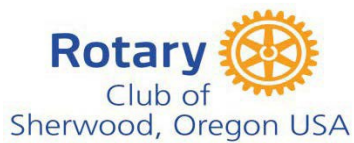


ROTARY CLUB OF SHERWOOD  
PEACE VILLAGE JUNE 24-28, 2019  
APPLICATION & RELEASE FORM



One per child. Please print neatly or type.

**Child's Name:** \_\_\_\_\_

Grade entering in the fall of 2019: \_\_\_\_\_ (1<sup>st</sup>-6<sup>th</sup> graders eligible)

Birth Date (MM/DD/YYYY) \_\_\_\_\_

**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).

**Health Insurance:**

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

Family Doctor or Health Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camp fee: \$135 if paid by May 1, 2019 or \$150 if registration received after May 2 but prior to June 1.** All Fees due at time of registration. Make checks payable to: Rotary Club of Sherwood Foundation - Peace Village.

I have financial need for a camp scholarship. (\$20 reservation fee required.)

**Before Camp Care** - You may deliver your camper to Peace Village at St Francis Church and School as early as 8:30 a.m.

**Camp programs start promptly at 9:00 a.m., please arrive by 8:50 a.m. each day.**

Camp programs end at 2:30 p.m. Please pick your child up by 3:00 p.m.

**Donations**

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

If you are donating \$150 or more do you wish to be recognized on promotional materials?

No  I do not wish to have my name printed on promotional materials.

Yes  Please print my name on promotional materials as follows:

\_\_\_\_\_

Optionally describe something unique about your family: \_\_\_\_\_

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

**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.

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: \_\_\_\_\_

To apply, mail this form to:

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

or email the completed form to [peace@sherwoodrotary.org](mailto:peace@sherwoodrotary.org). **Questions? Call 503-522-1917.**