

Peace Village

June 26 - 30, 2017

4020 N College St, Newberg, OR 97132

503 538 7947 | peacevillagenewberg@gmail.com

Application and Release Form: One per child

Please print neatly

Child's Name _____

Grade entering in the fall of 2017 _____

Birth Date (MM/DD/YYYY) _____

T-shirt Size: (please circle one) Youth: S M L Adult: S M L XL

Parents/ Guardians Name(s) _____

Address _____

Home Phone _____ Cell Phone (s) _____

Email _____

Emergency Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Media/Photography:

 (please select one box 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? (circle) 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)

I give my child permission to 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 North Valley Friends Church 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)

Signature of Parent/Guardian _____

Date _____

Camp fee: \$125

_____ I have financial need and would like my child to participate.
(I understand there will be a minimum \$15 contribution)

_____ My child needs transportation.

_____ Make checks payable to: North Valley Friends Church

To apply, mail this form to:

Peace Village Camp

4020 N College St. Newberg, OR 97132

or email a scan of the completed form to peacevillagenewberg@gmail.com

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