

**Peace United Church of Christ  
Peacemakers' Camp 2015  
July 13-17**

**CAMP REGISTRATION AND CONSENT FORM**

**Please complete one form for each child.**

**Name (last):** \_\_\_\_\_ **(first):** \_\_\_\_\_ **(middle):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-shirt size:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Daytime telephone:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Chronic Illness/Medical Problems:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_

**Health Insurance Group/Policy Number:** \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, minor son/daughter and having custody of same, do hereby authorize a physician or qualified hospital personnel to perform the procedures that may be necessary for the emergency diagnosis and treatment of this minor son/daughter in the event that I (we) are unable to be contacted or am/are unavailable for immediate written or telephone authorization.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I (we), the undersigned parent or guardian of \_\_\_\_\_ hereby give permission for said son/daughter to participate in Peacemakers' Camp, under the sponsorship of the Peace United Church of Christ, and hereby assume all responsibility for any injuries to said son/daughter and any loss of or damage to property.

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Please enclose camp registration fee of \$50 per child (more than one child per family: \$40 per child)**

**Amount enclosed:** \_\_\_\_\_

Please return this form NO LATER THAN JUNE 30<sup>TH</sup> to: 900 High Street, Santa Cruz, CA 95060 \* 426-2010