

AUUF Summer Peace Camp 1st-8th gr. Registration for – June 24 - 28, 2024



PLEASE PRINT CLEARLY

Early Bird Registration until May 1, (Children entering 1st-8th gr in '24-'25)

CAMPER NAME _____

Age _____ Birthdate _____ Gender _____

Grade completed _____ T shirt size (CS, CM, CL, AS, AM, AL) _____

Parent/Guardian #1 Name _____ Relationship to camper: _____

Home Address _____ zip _____

Email address _____ Text updates - yes / no

Preferred phones: (_____) _____ Best contact in emergency text / call

Parent/Guardian #2 Name _____ Relationship to camper: _____

Home Address _____ zip _____

Email address _____ Text updates - yes / no

Preferred phones: (_____) _____ Best contact in emergency text / call

Emergency contact: Name _____ Relationship to camper: _____

Home Address _____ zip _____

Email address _____ Text updates - yes / no

Preferred phones: (_____) _____ Best contact in emergency text / call

HEALTH INFORMATION

We have new Health protocols in connection with our work on accreditation from the American Camp Association. Their recommended form will need to be filled out for each child. Please attach to registration for your camper

Thank you!

PICK UP and DROP OFF Authorization

NAME _____ Relationship _____

NAME _____ Relationship _____

PARENT AUTHORIZATION

I recognize and acknowledge that camp activities can involve certain hazards, including, but not limited to, illness, accidents and injury, and I hereby release Peace Camp, a program of The Anchorage Unitarian Universalist Fellowship from liability.

_____ I have reviewed the Parent Policies and activities for Peace Camp and I give consent for my camper to participate in all camp activities (including any field trips) unless otherwise noted on my child's health form.

This child has permission to participate in all camp activities except as noted in health forms. If I cannot be reached in case of emergency, I give permission for emergency medical treatment to be given to my children if needed circumstances while in the custody of a Camp counsellor or leader. I understand best efforts will be made to contact me .

Signature _____ Date _____ Relationship _____
To camper

Childcare care needed

(\$20 per day/ \$10 for just after care) Before (8 - 9:00 am) After (4:00 - 5 :00pm)

Please mark day and time needed: M- AM / PM T - AM / PM W - AM / PM TH - AM / PM F- AM / PM

Additional names permitted to pick up camper _____

Camp fee enclosed - **\$200 per child** (Early Bird registration & payment before May 1 - \$150) _____

Childcare + _____

Scholarship Needed _____ Donation toward a scholarship for another child _____

Total _____

Peace Camp Volunteers

We know you are busy, but we love parent helpers and invite you to participate at scheduled times if you would like to be involved!

Parent Name _____ Phone: _____

Special Skills I could offer to lead: _____

Bike ride chaperone 1:00 – 3:00, any day _____

Age Group : Beginner Intermediate Advanced

Craft/Workshop assistant AM or PM

Cabin Lunch Buddy 12:30 – 1:00 same age group all week if possible

Age group? _____ Days _____

OR add specific days and times you are **available for anything** and we can plug you into a spot!
