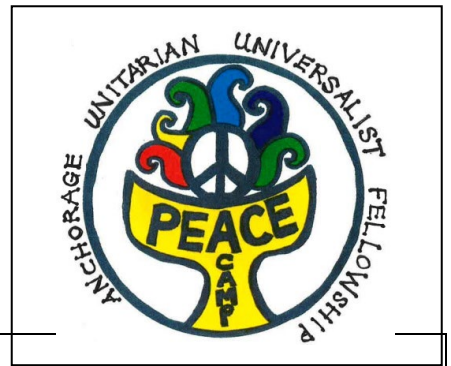


# AUUF Summer Peace Camp 1<sup>st</sup>-5<sup>th</sup> gr. Registration – July 18 - 22, 2022



PLEASE PRINT CLEARLY

Early Bird Registration until May 1, (Children who have completed K- 4th gr.)

Child/Youth name      age      gender      Birthdate '22      Grade Completed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_ Hm phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell \_\_\_\_\_ Best? \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_ Hm phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell \_\_\_\_\_ Best? \_\_\_\_\_

Emergency contact: \_\_\_\_\_

### GENERAL FIELDTRIP PERMISSION AND MEDICAL WAIVER

I give permission for my child to participate in class activities with my advance knowledge about the purpose of the trip or event. I also give permission for emergency medical treatment to be given to my children if needed in emergency circumstances while in the custody of an advisor or RE teacher. I understand best efforts will be made to contact me.

Health Ins. Provider \_\_\_\_\_ Name of Insured Party \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Physician \_\_\_\_\_

Food Allergies/Special Needs/Health Issues/Medications: \_\_\_\_\_

Child (name + allergy) \_\_\_\_\_

Child (name + allergy) \_\_\_\_\_

Child (name + allergy) \_\_\_\_\_

Does your child have an IEP or any other special accommodations at school or family circumstances. \_\_\_\_\_

\_\_\_\_\_ Continue on back

Childcare care needed (\$10 each day) Before \_\_\_\_ (8 – 9:00 am) After \_\_\_\_ (4:00 - 5 :00pm) M T W TH F

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

Scholarship Needed \_\_\_\_ Donation toward a scholarship \_\_\_\_ I can be a volunteer this week - days \_\_\_\_\_ times \_\_\_\_\_

T shirt size (CS, CM, CL, AS, AM, AL) \_\_\_\_\_ Special skills I could provide \_\_\_\_\_ (see list on back) \_\_\_\_\_

### PHOTO AND VIDEO RELEASE – CHILD OR YOUTH

I hereby authorize Anchorage Unitarian Universalist Fellowship to use of my child, \_\_\_\_\_ without a name attached, in the AUUF newsletter, Religious Education brochure or any other publications put out by the church. I authorize release of my child's image for use on the AUUF Website, in video footage that may be used to promote the church and its activities, or in any other print or online publications to which the church contributes (AUUF Facebook pages, District and UUA publications, etc.)

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