

AUUF Summer Middle School 6 – 8th Peace Camp Registration July 18- 22,2022



PLEASE PRINT CLEARLY

Early Bird Registration - May 1, (Children who have completed 5, 6, 7 gr.)

Child/Youth name age gender Birthdate '22 Grade Completed

1. _____

2. _____

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) _____

Youth Y____ N____ & **Adults in our family have been vaccinated** yes____ no____ other _____

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

Bike Skill level –Beginner(2-5 miles)____ **Intermediate (5-10miles)**____ **Advanced (10-20mile)**____ **Trailrider**____

Has a bike – Y____ N____ **We could drop or pick up camper at Kincaid trailhead if needed** Y____ N____

Camp Childcare amp care needed (\$10/day) **Before** ____ (8 – 9:00 am) **After** ____ (4:00 - 5 :00pm)

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

I need a Scholarship ____ **Donation toward a scholarship** ____ **I can be a volunteer for the week** ____ **days?** _____

T shirt size (CS, CM, CL, AS, AM, AL) _____ **Special skill I can 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** _____