

Peace Village Registration Form

Contact Information:

Child's Name: _____ Birthdate: _____

Parent/Guardian: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Parent/Guardian: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

People allowed to pick up your child (other than parent/guardian listed above):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

**If someone else is picking up your child who isn't on this form, write a note and give to camp staff with name, phone number, relationship to child and date. That person will need to bring ID.*

Health & Medical Information

Insurance Provider _____

Primary Physician _____

Policy Number _____

Check all the apply to your child, provide additional information as needed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma/Respiratory Condition | <input type="checkbox"/> Hearing Impaired/Deaf | <input type="checkbox"/> Unusual Bleeding |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Sunburns Easily |
| <input type="checkbox"/> Developmentally Delayed | | |

Allergies Please list reactions for each allergy

Bee Sting _____

Pollen or Food: _____

Medication Allergies: _____

Seizures, Type and Frequency: _____

Other Conditions: _____

Medications (needed onsite?): _____

____(Initial) MEDICAL EMERGENCY WAIVER: In participating in Peace Village, I hereby acknowledge that I understand there are risks of accidents, resulting in bodily harm to my child, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in camp activities. However, I do hereby waive all claims, which I might have against Peace Village, Peace Village, Inc. or any of the officers, agents, or employees by reason of bodily injuries that my child might suffer arising out of his/her participation. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred on my child's behalf.

____(Initial) FIELD TRIP WAIVER: I give permission for the above named child to participate in supervised neighborhood walks & off-site field trips with the Peace Village staff. I understand for off-site trips, my child will be transported in approved vehicles.

Helping Your Child Succeed

When your child gets frustrated or upset, how does he/she typically display his/her anger?

What's the best way to calm down your child when they get upset?

IS there any other information that would help your child have a successful camp experience?

Parent/Guardian Signature: _____