

UUFVB Summer Culture Camp Registration

Please complete the information below and fasten your check for the camp fees to the registration form. Completed forms may be mailed to UUFVB Attn: Claudia Jiménez, handed to Claudia Jiménez, or placed in Claudia's box in the office at UUFVB. **Please indicate the grade child(ren) will begin in Fall 2008. REGISTRATION DEADLINE IS JULY 15, 2008.**

<u>Parent</u>	
Name: _____	
Address: _____ _____	
Phone (day): _____	
Phone (eve): _____	
e-mail: _____	

<u>Parent or Emergency Contact</u>	
Name: _____	
Address: _____ _____	
Phone (day): _____	
Relationship to child(ren): _____	

<u>Child(ren)</u>			
Name _____	Birth Date _____	Name _____	Birth Date _____
School _____	Grade _____	School _____	Grade _____
Allergies or special concerns* _____		Allergies or special concerns* _____	
Name _____	Birth Date _____	Name _____	Birth Date _____
School _____	Grade _____	School _____	Grade _____

<p><u>Fees</u> - Please enclose a check for Summer Camp 2008, made payable to UUFVB, for:</p> <ul style="list-style-type: none"> ✓ \$100 for each child (non UUFVB members) ✓ \$80 for each child (UUFVB member)

I give permission for my child(ren) to participate in Summer Camp at UUFVB and will respect the starting and ending times. In the event of an emergency, I give permission for UUCA staff and volunteers to seek medical treatment and I accept financial responsibility for all care provided.

Signature/Date

UUFVB would like to post pictures of children at Summer Camp on the website at www.uufvb.org
Do you give UUFVB permission to post pictures of your children on the website? _____ YES _____ NO

NOTE: Children are expected to bring their lunch. Snacks will be provided.

** UUFVB strives to include ALL children. Please notify Claudia Jiménez, Director of Lifespan Religious Education, of any special needs or concerns so that we may ensure your child will have a positive and meaningful experience in our program.*

PLEASE COMPLETE MEDICAL RELEASE FORM ON BACK
(page 2 if you receive an e-mail registration)



*Unitarian Universalist Fellowship of Vero Beach
Religious Education Program*

**Youth Participation Release
And
Authorization for Emergency Medical Treatment**

I, _____ represent that I am the Parent/Guardian of _____ . I grant permission for my child to participate in The Peace and Culture camp at the Unitarian Universalist Fellowship of Vero Beach, August 11-15, 2008. I agree and hereby release and hold harmless the Unitarian Universalist Fellowship of Vero Beach and/or adult supervisors from any and all liabilities that may arise for damages or losses of property or personal injuries sustained during the camp.

Should any injury occur, I grant permission for my child to receive treatment from an appropriate care provider to be selected by an adult supervisor of the activity, when in such supervisor's opinion, the need for treatment is immediate, and/or when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses that the Unitarian Universalist Fellowship of Vero Beach and/or any and all adult supervisors may incur as a result of securing such treatment.

Signature: _____

Date: _____

Home address: _____

E-mail: _____

Home phone number: _____

Work Phone Number: _____

Emergency contact: _____

Phone Number: _____

Family physician: _____

Phone Number: _____

Parent/Guardian's Employer: _____

Health Insurance provider: _____ Policy/Group Number: _____

Child's allergies: _____

Physical Limitations: _____

Medicine currently taking: _____

Other needs: _____