



**Peace Camp
Camper Registration**

August 11 - 15, 2014, 8:30 am – 2:30 pm

*Please fill out all pages of this registration form. Upon receipt of this form, Mahatma Gandhi Center for Global Nonviolence will send an **email confirmation**.

Camper(s)	Age at time of camp	T-Shirt Size (Youth S,M,L,XL) (Adult S,M,L,XL)
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**Children in one family may use the same registration form.*

(last name) (first name) _____
 (last name) (first name) _____
 (last name) (first name) _____
 (last name) (first name) _____

Parent(s) or Guardian(s)	Daytime Phone	E-mail
Mr./Mrs./Ms./Dr. _____ <i>(circle one)</i>		
Mr./Mrs./Ms./Dr. _____ <i>(circle one)</i>		

Mailing Address of Camper(s)	Emergency Contact
_____	Name _____
_____	Relation to child _____
_____, _____ city state zip	Phone Number _____

Please list any special needs your child may have (allergies, medical needs, etc.)

Transportation

Peace Camp will be held in Warren Hall and Taylor Hall with the final presentation Friday in Grafton Stovall Theatre. TRANSITIONS in Warren Hall will be the official pick up and drop off destination. See <http://www.jmu.edu/map/regions/bluestone.shtml>

Please fill out the appropriate lines:

I, _____, will transport my child to and from camp.
Name

_____, will transport my child to and from camp.
Name

** If the individuals who may pick-up your child change from the time this form is completed please inform us as soon as possible using the contact information below. Thank you.*

Cost

**Registration is non-refundable.*

The cost of the summer camp is \$60.00 for each child in the family. The cost includes beverages and snacks. Please make your check payable to **JMU**.

Please Check Where Applicable

_____ I can pay the full \$60 camp fee for each child, totaling \$_____.

_____ I would like to make an additional donation of \$_____ to the Children's Peace Camp Scholarship Fund.

_____ I cannot pay the camp fee and would like to be considered for the *Children's Peace Camp Scholarship* *.

** You will be contacted upon submitting your application.*

Please note that Peace Camp will provide daily snacks and water but **each family should provide their children with a bag lunch with a cold-pack if it needs to be refrigerated.**

Please return this form, along with your check made payable to JMU, by August 1, 2014, to:

Peace Camp • Mahatma Gandhi Center • James Madison University,
MSC 2604 • 725 S. Mason Street • Harrisonburg, Virginia 22807

Contact:

Jennifer Morgan by email to morganjk@dukes.jmu.edu

Visit <http://www.jmu.edu/gandhicenter/> for additional information!



Parental Acknowledgement and Assumption of Risk Form

Your child or legal ward _____ is eligible to participate in the following activity at James Madison University, in the 2014 Peace Camp. Participation in an activity is voluntary, and participants may withdraw from the activity at any time. In determining whether your child will participate in the activity, you should be aware that James Madison University cannot undertake financial responsibility for your child in the event that your child is injured or becomes ill while participating in activity, nor can it assume any legal responsibility for harm your child may cause because of participation in the activity.

In consideration of the university permitting your child's participation in the activity, you must agree to assume the risks known to be inherent in the activity, as well as any unforeseeable risks. The known risks inherent in the activity are: dangers associated with interaction with nature and natural forces, inherent in physical activities of the classes, communicable diseases, and loss of personal property, and injury due to personal or third part actions.

Peace Camp will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond aid is the financial responsibility of the ill or injured person. You must assume full responsibility for your child's health, being such that the activities will in no way aggravate any conditions present. As is the case with many other activities in which your child may engage, you should determine whether you or your family have health or accident insurance in effect to adequately cover your child should he or she be injured or become ill while participating in this activity.

I have read and understood the foregoing explanation of the risk inherent in allowing my child to participate in the activity. I am at least eighteen years of age, and it is my decision to allow my child _____ to participate in the activity, I hereby accept the risk of injury to my child as a result of participation in the activity, and, as further consideration for its permitting my child to participate in the activity, I hereby release James Madison University, the Mahatma Gandhi Center for Global Nonviolence, and all its camp volunteers and intern from any and all claims which I or my child may have against it for loss or damage to property resulting from my child's participation in the activity.

I understand that if I have any question about foregoing at any time in the future, I must contact the Gandhi Center, which has sole authority in this matter.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date



Peace Camp

Photo Permission Form

I give my consent to James Madison University to use photos, videos, audio or audio-tape, and written materials that includes my child for the purpose of publicizing and promoting Peace Camp. I understand that the images, written materials, or voice recordings may be published in newspapers or magazines, on the internet, or be broadcast on television or radio.

Private information such as addresses, phone numbers, email, or schools will NOT be published.

Do you agree if your child's photograph is taken at Peace Camp to be used by JMU: **Yes** **No**
(please circle)

Child(ren)'s name(s): _____

Signature of the Parent: _____