



Interfaith Peace Camp Registration Form

*Space is limited. Apply early!
Please fill out one registration per child.*

- Registering as a **Camper**
- Applying to be a **Junior Counselor**

Name _____ Grade 2019-20 _____

Birth Date _____ Gender _____ Age during camp _____

Dietary Needs _____

Allergies / Special needs _____

Faith/Religious Affiliation (optional) _____

Junior Counselor Only: Phone _____ E-mail _____

Parent/Guardian Information:

Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Phone _____ Email _____

Alternate Emergency Contact: Name _____ Cell: _____

Shirt size (check one):

Child:	S	M	L	XL	Adult:	S	M	L
	6-8	8-10	10-12	12-14				

Check all that apply:

- I am registering for camp and have enclosed the \$100 registration fee for my child.
- I request a full scholarship to cover the registration fee.
- I request a partial scholarship. I have enclosed \$_____ toward the registration fee.
- I am applying to be a Junior Counselor (no registration fee required).

Please mail the registration form along with the registration fee by **May 15, 2019** to:

Center for Global Engagement
 James Madison University
 Madison Hall, MSC 5731
 100 E. Grace Street
 Harrisonburg, Virginia 22801

Please make checks payable to **JMU** with
"Interfaith Peace Camp" written in the
 memo line.

Please sign the Parent/Guardian Authorization Form on reverse side.

Parent / Guardian Authorization

PHOTO/VIDEO RELEASE: I (parent) **do / do not** (please check one) hereby give JAMES MADISON UNIVERSITY (JMU), their assigns and legal representative the irrevocable right to use photograph or video images of my child in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee will be paid to me now or in the future. I have read this release and understand its contents.

TRANSPORTATION/FIELD TRIP RELEASE: I (parent) **do / do not** (please check one) give permission for my child to be transported to activities, riding in approved vehicles, or walking with staff to attend and participate in camp-sponsored activities on and off campus, should program require.

MEDICAL RELEASE: I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed. Note: Medical release form will be provided once child is accepted in the program.

WAIVER OF LIABILITY: I agree to indemnify and hold harmless EMU, JMU, and other faith communities sponsoring and hosting Interfaith Peace Camp 2019, as well as their respective officers, agents, employees, and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the Interfaith Peace Camp and related camp activities.

Signature of Parent/Guardian _____ Date _____



2019 Interfaith Peace Camp Release Forms

Dear Parent/Guardian,

Thank you for enrolling your child(ren) in the Interfaith Peace Camp. Please fill out all sections of the form and bring it with you on your first day of the IPC. You will be asked for your signature once, but your initials several times. If you have questions regarding our method of documentation, field trips, pick-up procedures, or medical issues, I can be reached at interfaithpeacecamp@gmail.com or (540) 568-5843.

Sincerely,

Vesna Hart, Administrative Coordinator, Interfaith Peace Camp at JMU

Medical Release/Permission Form

Child's Name: _____ Parent(s) Name _____

Name Preferred: _____ Sex: _____ Birthdate: _____

Medications/Medical Conditions: _____

Allergies: _____

Family Doctor/Medical Provider _____ Phone # _____

Health Insurance Company _____ Plan/Policy # _____

Insured's name: _____

*****Interfaith Peace Camp staff will not administer medications to participants*****

Parent/Guardian Information

If parents live at different addresses, list both, and indicate which is the primary residence

Name _____

Address _____

Home phone _____

Cell phone _____

Emergency contact if Parent/Guardian cannot be reached:

Name _____ Home phone _____

Relationship _____ Cell phone _____



2019 Interfaith Peace Camp Release Forms

Authorized Pick-Up & Permission to Release

I hereby authorize the teachers and staff of the Interfaith Peace Camp to release my child to any of the following persons (other than parents). CHILDREN WILL BE RELEASED ONLY TO PERSONS WHOSE NAMES APPEAR ON THIS LIST.

Name	Relation	phone # (home & work)
1.		
2.		
3.		