Earth Camp Registration Riverside UCC

July 16-20, Monday-Friday, 9am-Noon

Join us Friday at Noon for our camp staff recognition

With a special camp presentation during worship on July 22 at 10:30am

Open to kids entering Kindergarten through 5th grade

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone where you can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s age: \_\_\_\_\_\_\_\_\_\_Entering grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home congregation (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency (If parent or guardian can’t be reached) please contact:
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ $60 advance payment for Early Bird rate due July 1st

\_\_\_\_\_\_\_\_\_\_\_\_\_\_$75 payment after July 1st

\_\_\_\_\_\_\_\_\_\_\_\_\_\_$15 a day per child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total enclosed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_My child will attend the Sunday morning presentation on July 22

We do offer scholarships and family rates. Please contact Elaine for information.

elaine@gorge.net

Please make checks to R.C.C. Mail to: PO Box 656, Hood River, OR 97031 ATTN: Elaine

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete both photo release and medical forms for your camper(s)**

**Child’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo Release form:**

I grant to Riverside Community Church, United Church of Christ, its representatives and employees the right to take photographs and/or videos of me and/or the undersigned minor children for use in publishing in print and/or electronically.

I release Riverside RCC from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize RCC to use their photographs. No names will be used online.

I acknowledge that since participation in publications and website is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication or online use confers upon me no rights of ownership whatsoever. I release Riverside UCC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opting out #1: I would NOT like my child to be in any **online** photographs, but it is ok for my child’s photo to be used in the church on a bulletin board.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opting out #2: I would NOT like my child to be in ANY photographs for any purpose.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration and Earth Camp Medical form:**

As custodial parent or legal guardian of the child named above, I hereby give my consent and permission for my child to participate in the particular activity described above. I understand and am fully aware of the risks and dangers normally involved in this type of activity. I have fully advised my child with regard to these matters. I have instructed my child to cooperate with all supervisors.

I hereby release RCC/ UCC and its employees and their volunteers, from any claims which I or my child might have for injuries or damage suffered by my child resulting from my child’s failure to obey and cooperate as instructed, or as a result of the risks and dangers involved in this type of activity.

In the event my child may need medical treatment, I hereby consent and authorize the accompanying representatives of the RCC/ UCC to permit treatment on my behalf. I agree to be responsible for the cost of any and all medical services and to indemnify the \* UCC for such expenses.

My child does not have any physical or mental condition which would restrict or prevent him or her from participating in the retreat, or which would increase the risk of harm to my child ***with the exception of the following****:*

**Health Concerns/Allergies/Dietary Restrictions**

**Doctor’s Name Phone**

**Health Insurance Company and Group Number**

**Parent/Guardian(s) Name**

**Parent/Guardian(s) Contact Phone Number(s)**

**Additional Emergency Contact Person Phone**

***Signature* of Custodial Parent or Legal Guardian**