

AROUND THE WORLD IN FIVE DAYS

SUMMER CAMP AT UUCUC JUNE 12-16,2017

Unitarian Universalist Church of Urbana Champaign

309 W. Green St. Urbana, IL 61801

Visit us online or call: www.uucuc.org 217-384-8862

Director of Religious Education: Cindy Wakeland: re-director@uucuc.org

Cost is \$25.00 per camper until April 30th. After April 30th, cost per camper is \$75.00. Cost includes, art supplies, snacks, daily activity fees, and camp souvenirs. (Make checks out to UUCUC with CAMP 2017 in the memo line)

(Please type or print)

Name of Camper _____ Age _____

School Grade (Fall 2017) _____

Address _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____ EMAIL _____

Emergency Contact name _____ Phone _____

Medical conditions or special needs _____

Preferred Hospital _____

Medical Insurance _____ Group # _____

_____ has my permission to participate in Around the World in Five Days Camp at the Unitarian Universalist Church in Urbana, IL June 12-16,2017 from 9:00 a.m. – 3:00 p.m. I understand that accidents do happen and that all safety will be taken in the care of my child/ren while attending camp. I understand there will always be two mature adults present at all times and that there may be youth 13-18 years old assisting but always under the supervision of an adult.

Signature of Parent/Guardian

If someone besides the parent listed above will be picking up your child(ren) please indicate below the following information:

Name _____

Address _____

Home Phone _____ Cell Phone _____

EMAIL _____ Relationship _____

PHOTOGRAPH PERMISSION

In order to protect members of our religious community, campers must have written parental permission to be photographed and to appear in any Unitarian Universalist Church of Urbana Champaign (UUCUC) publications, including the *eUniter* newsletter, bulletin boards, website, and internets. No camper's name, email address, street address, or telephone numbers will be published. When we publish your camper's picture it will be with a group of pictures.

I _____ give/DO NOT GIVE permission for UUCUC to photograph or videotape my child(ren) listed below.

_____, _____.

_____, _____

I give permission for these photographs to be used in such publications as the *eUniter* newsletter, bulletin boards, and other official written communications. ____ YES ____ NO

I give permission to use these photographs on the website or Internet. ____ YES ____ NO

Parent/Guardian signature _____

My child will need the following medicine while attending camp. I understand that a qualified staff will give my child his/her medicine at the proper time and the medicine will be kept in a locked box out of reach of the campers.

Medicine _____ Time _____

Parent Signature _____