

McMinnville Peace Village

August 14- August 18, 2017

Evergreen Space Museum



Application and Release Form: One per child
Please print neatly

Child's Name _____

Grade entering in the fall of 2017 _____

Birth Date (MM/DD/YYYY) _____

T-shirt Size: (please circle one) Youth: S M L Adult: S M L XL

Parents/ Guardians Name(s) _____

Address _____

Home Phone _____ Cell Phone (s) _____

Email _____

Emergency Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Media/Photography:

I give permission for Peace Village to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise Peace Village. Permission defaults to Peace Village if a choice is not indicated. (If you check 'do not', your child will be excluded from the group photo).

Indicate any special dietary restrictions, medical considerations or accessibility concerns for your child:

Health Insurance:

Do you carry family health insurance? (circle) Yes No

Carrier Group ID# _____

Family Doctor or Health Care Facility: _____

Phone _____

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1 _____	Dosage _____
Specific times to be taken each day _____	Reason for taking _____
Medication #2 _____	Dosage _____
Specific times to be taken each day _____	Reason for taking _____

Asthmatics: (please initial one if applicable)

I give my child permission to carry an inhaler to self-administer for asthma related incidents. ____ (parent initial)
 I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed (recommended for day camp). ____ (parent initial)

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities. I hereby assume those risks. I also recognize that Peace Village cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations. I hereby waive, release and discharge any and all claims for damages for personal injury or property damage resulting from my child's participation in the McMinnville Peace Village program. This release is intended to discharge in advance McMinnville Peace Village, the McMinnville School District, the Evergreen Aviation and Space Museum, the Falls Event Center at Evergreen and Peace Valley School; their officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of the persons mentioned above. I understand and agree that this waiver release and assumption of risk is to be binding on my heirs and assignees.

I give permission to the camp medical staff to (1) administer the camper's routine medications, 'as needed' medications, and over-the counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for Peace Village's office.

I agree to the above emergency authorization and liability release (required)

Signature of Parent/Guardian _____ Date _____

_____ I have financial need and would like my child to participate.
 (I understand there will be a minimum \$35 contribution)

_____ My child needs transportation.

_____ Make checks payable to: Peace Valley School

To apply, mail these forms to:

**2017 McMinnville Peace Village
 c/o Peace Valley School
 5384 NE Duniway Road
 Dayton, OR 97114**

"If we are to achieve real peace in this world, it will have to begin with the children" Mahatma Gandhi