



Smyrna UCC Peace Camp Registration
9 am to 12:30 pm, June 19 – 23, 2023
31119 S Canby-Marquam Hwy., Canby, OR 97013

“Peace Now: Nature, Ourselves, Others & The World”

We invite children ages 6-13 years to a week of fun while exploring how to become a peacemaker. Snacks are provided. Cost is \$10 per child for the week.

Child’s Information

Name (First, Last): _____ Grade (this fall): _____

Birthdate: _____ Age: _____

Mailing Address

Street: _____

City: _____ . State: _____ Zip: _____

Parent/Guardian Information

Names: _____

Home#/Cell#1 _____ Cell #2 _____

Work # _____ Email: _____

Emergency/ Medical Information

Emergency Contact: _____

Relationship to Child: _____ Phone#: _____

Please list allergies to medication, food, plants, or insects:

Other Medical Concerns or Required Special Accommodations:

Please list all persons who may pick up this child from Peace Camp:

Yes _____. No _____ I give my permission for my child’s picture to be included in Peace Camp posts on the church’s website or Facebook page.



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To Be Signed In Person:

Smyrna UCC ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM:

I HEREBY ASSUME ALL THE RISKS OF MY CHILD’S PARTICIPATION IN THIS ACTIVITY/EVENT. I certify that there are no health-related reasons or problems which preclude his or her participation.

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Smyrna UCC and the Peace Camp staff workers from any and all liabilities or claims made as a result of my child’s participation in this activity or event.

I hereby consent for my child to receive immediate emergency medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

Date: _____ **Signed (Parent or Guardian):** _____

Printed Name: _____