

UUCA PEACE CAMP

4444 ARLINGTON BLVD., ARLINGTON, VA 22204
WWW.UUCAPEACECAMP.ORG • 571-572-9285 • INFO@UUCAPEACECAMP.ORG

PERMISSION FORM

I, _____ (please print your name), am 21 years of age or older, and I am the adult parent or legal guardian of _____ (please print child's name), for whom I give permission to participate in the UUCA PEACE CAMP to be held June27 – July 1 2011 at the Unitarian Universalist Church of Arlington, Virginia. By signing this document, I hereby release the Unitarian Universalist Church of Arlington ("UUCA"), its Officers, Board of Trustees, Employees, Committees, Members, Agents, Staff, Parents, Counselors, and Volunteers, any and all, from any liability in connection with the UUCA PEACE CAMP including transport to and from the Camp site.

I acknowledge that all reasonable safety precautions will be taken by the camp leaders, counselors and volunteers, and that upon signing this form, said adult hereby releases the Unitarian Universalist Church of Arlington, its Officers, Board of Trustees, Employees, Committees, Members, Agents, Staff, Parents, Counselors, and Volunteers, any and all, from any and all liability stemming from any injury, accidents, or loss at the camp.

I authorize the UUCA Peace Camp staff to provide emergency care as needed. [Except in case of an emergency, no medication will be administered without written directions signed by the parent or guardian and acknowledged in writing by the Camp Coordinator. A staff person trained in First Aid and CPR will be on the premises. In case of an emergency, Virginia Hospital Center, 1701 N. George Mason Dr, Arlington, would be accessed.]

Please initial your approval below:

- _____ My child/children's photo's may be used without identification on the UUCA and Peace Camp website.
_____ Please spray my child with sunscreen before he / she goes outside.
_____ Please apply the sunscreen I will supply. Sunscreen must be taken to the homebase on the first day of camp.
_____ My child is not to have sunscreen applied by the Peace Camp staff.
_____ Emergency medication may be required for my child and I will bring the medication to Peace Camp daily, June 27 – July 1.
_____ Emergency medication may be required for my child and I will mail the Administration of Emergency Medication Form to UUCA with the Permission and Information forms.
_____ I do not anticipate the need for emergency medication for my child.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND PERMISSION FORM.

Signature of Parent/Guardian Printed Name Date