

Peace Village
2008 Registration Form

Camper (1): _____ Grade as of Aug. 14: _____
Camper (2): _____ Grade as of Aug. 14: _____
Camper (3): _____ Grade as of Aug. 14: _____

Counselor: _____ We will let you know at a later date: _____

Parent or Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Camp Fees:

We have a trust-based sliding scale. Donate what you feel appropriate for your family. All donations are tax deductible. Scholarships are available on a limited basis. \$75.00-\$200.00 per child.

Camp Fee: \$ _____ Campers get a free t-shirt

Please indicate # next to the size:

Youth _____ S _____ M _____ L Adult _____ S _____ M _____ L

Extra t-shirts: \$ _____ Extra t-shirts can be ordered for \$12 Youth and \$15 Adult

Donation: \$ _____ Your donation is tax deductible. Foundation for Sustainable Community is a 501(c)3 Non-profit organization, tax identification #20-2112828.

Total: \$ _____ Checks payable to the Foundation for Sustainable Community with memo: Peace Village.

I, the undersigned parent/guardian, do hereby authorize the program directors as Agents for the undersigned to consent to medical treatments. I release and discharge the Foundation for Sustainable Community and its board members, Brian and Marilene Richardson and Willis Mc Conoughy from any and all claims for personal injuries. I agree that pictures or videos taken during camp may be used for future promotional purposes.

Signed: _____ Date: _____

Mail registration and check to:

The Foundation for Sustainable Community
P.O. Box 1137
Monroe, WA 98272

Questions? Contact Marilene Richardson at 425-770-1700 or marilene@communitysustainable.org

Consent For Emergency Treatment

Insurance: _____ Policy #: _____

Name of Insured: _____ Relationship to Insured: _____

Child's Physician: _____ Phone: _____

Physician's Address:

List any known medical conditions or allergies (food, medicine or environmental) of camper(s):

Describe any special needs or behavior concerns regarding your child(ren) the camp directors or counselors should know:

I hereby give permission that my child(ren) _____
May be given emergency medical treatment by a qualified staff member of Peace Village. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further give consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Parent/Guardian Signature: _____

Date: _____

For the Villager – Getting to Know You

What is your favorite color? _____

What is your favorite animal? _____

What is something you would like us to know about you?

What is the silliest thing you have ever done?

What is something you would like to do in your lifetime?

What are you looking forward to doing/experiencing at Peace Village?

If you are a returning Villager, what were the highlights of last years Village for you?

What is your favorite kind of music or musician?

What is your favorite book?
