



Partners In Care



Registration Form

Space is limited!
Registration Deadline:
July 1, 2018
Guarantees accurate t-shirt, art supplies, and meal orders for campers.

Name of Child

Child's Date of Birth | Age (Current) | Grade (This Fall) | Gender: Female | Male

School

Person Who Died: Name | Relationship to Child | Date of Death

Any Known Allergies or Medical Concerns

Name of Parent/Legal Guardian

Street Address | State | Zip

Email Address

T-Shirt Size: Child, Adult, Small, Medium, Large, XL, 2XL

Primary Phone # (Home, Cell, Work) | Secondary Phone # (Home, Cell, Work)

Authorization & Release

Please complete the following by hand and confirm with your signature and date:

I authorize Child's Name to participate in 2018 Camp Courage activities.

I authorize Child's Name to receive emergency medical care as needed.

Child's Physician and Phone #

I authorize Partners In Care to photograph Child's Name and use these photos on its website, in media articles, or camp marketing materials. I further understand that Partners In Care will withhold any reference to his or her name.

Signed Parent/Legal Guardian Date

MAIL OR DELIVER FORM TO:
Partners In Care, Camp Courage—Attn: Eileen Grover, 2075 NE Wyatt Court, Bend, OR 97701