



Partners In Care



Registration Form

Space is limited!
Registration Deadline:
June 28, 2019
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

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
[Image of T-shirt]
Radio buttons for Child, Adult, Small, Medium, Large, XL, 2XL

Primary Phone # | Secondary Phone #
Radio buttons for 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 2019 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