



# ART of PEACE CAMP REGISTRATION FORM

## PART A: CAMPER INFORMATION

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Date of Birthday D/M/YY Age Gender

Health Card Number for Camper \_\_\_\_\_

## PART B: FAMILY/GUARDIAN INFORMATION

\_\_\_\_\_  
Home Phone Email

\_\_\_\_\_  
Parent 1 First Name Last Name Cell Phone Business or Home Phone

\_\_\_\_\_  
Parent 2 First Name Last Name Cell Phone Business or Home Phone

\_\_\_\_\_  
Family Address Apt/Unit City/Town Postal Code

## PART C: ADULT EMERGENCY & AUTHORIZED PICK UP CONTACT INFORMATION

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Parent or Guardian will be allowed to pick up camper.

\_\_\_\_\_  
Name Cell Phone Business or Home Phone Relationship to Camper

\_\_\_\_\_  
Name Cell Phone Business or Home Phone Relationship to Camper

## WAIVERS, DISCLAIMERS & CONSENT

### Medical

Does your Camper have special needs, medical conditions or allergies you would like us to know about?

YES                      NO

If yes, please list below (specify if your child carries an epi-pen-please ask for a medical form if your child requires daily medication or has severe allergies):

---

---

---

---

### Authorization for Excursions

I give permission for my child to leave the premises of the Saint Mary's University to participate on excursions. I give permission to the staff/volunteer of the Peaceful Schools International (PSI) to take my child to all scheduled trip locations for the 2015 Art of Peace Camp program. I give PSI staff/volunteer permission to take my child on trips to local parks and playgrounds. I agree that my child may be transported to excursion sites by walking. I understand that my child will be escorted and supervised by the staff/volunteer of PSI while participating in these activities.

### Authorization & Consent for Children Walking Home

I give permission to have my child walk home by him/herself (if 10+ years of age)

I give permission for my child to walk home with: \_\_\_\_\_

### Photography, Media Release & Waivers:

I hereby give Peaceful Schools International (PSI) and Saint Mary's University (SMU) and affiliates consent to use and reproduce my child's name/image for promotional purposes related to PSI/SMU. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, program brochures, posters, on PSI/SMU website or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by PSI/SMU. I release PSI/SMU from any and all claims, of any nature, based on any uses of the above.

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the PSI/SMU consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against PSI/SMU, the sponsors of said programs, or any of the PSI/SMU employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the A. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Parent/Guardian Signature

Date

---

---



## METHOD OF PAYMENT

---

### ART of PEACE Camp Fees

- \$175 Program Base Fee (July 25<sup>th</sup> – 29<sup>th</sup> 9:00am – 4:00pm)
- \$50 [\$10/day] for extended hours (8:00 am drop off, 5:00 pm pick up)

### Payment Options

- [PayPal](#)
- Cash
- Cheque (enclosed)

*Please make all cheques payable to Peaceful Schools International*

Please return your completed application form to us by:

E-mail [info@peacefulschoolsinternational.org](mailto:info@peacefulschoolsinternational.org) or by fax 1-902-496-8116