

Unitarian Universalist Fellowship of Flagstaff  
Chalice Camp for Children ages 5-12  
July 9-13, 2007

Please return this form to 510 North Leroux Street, Flagstaff, AZ 86001 by June 10. Please submit one form per child and attach check for \$65 payable to UUFF. If you have multiple children attending please submit one form per child and one check per family.

Child attending Chalice Day Camp:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size:  
S M L xL

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Daytime Contact Numbers: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home/Cell/Work \_\_\_\_\_

Health Insurance Information:

Doctor Name: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider/Policy #/Phone: \_\_\_\_\_

Please list all medical concerns, allergies, or special dietary requirements:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications with dosage and schedule (pack medications in lunch):  
\_\_\_\_\_  
\_\_\_\_\_

Chalice Camp will be held from July 9-13, 2007 from 9 am until 1 pm daily.

Children should arrive by 9 am (but no earlier than 8:45 am) and should be picked up promptly at 1 pm. Children are expected participate in the full camp schedule. However, if on a specific day your child must arrive late, leave early, or will be absent due to illness, please notify Stephanie Ludwig by phone at 779-4492.

Children should arrive at UUFF each morning with:

- a healthy lunch (a late morning snack will be provided each day)
- proper attire for playing outside and taking long walks in all weather conditions
- a backpack, water bottle. and sunscreen

I can support Chalice Camp by providing:

\_\_\_ A fruit snack for 15 people on one day of Camp. Circle preferred day: M T W Th F

\_\_\_ One gallon of ice cream and toppings for Friday ice-cream party.

If you have any questions about Chalice Camp please contact Stephanie Ludwig at 779-4492.

**Please complete consent form on reverse.**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_. I give my consent for him/her to participate in Chalice Camp at the Unitarian Universalist Fellowship of Flagstaff. To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against UUFF and any staff or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my daughter/son for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter.

I give my consent and authority for the Unitarian Universalist Fellowship of Flagstaff staff or designated adult to take action to help insure the safety, health and welfare of my son/daughter. I also give my consent for any medical emergency care if necessary, and for transport in the event of a medical emergency.

I give my permission for my child to participate in authorized trips and activities under the supervision of UUFF staff and designated adult volunteers. (If child is unable to participate in certain activities, please detail this information below).

I agree to comply with any UUFF staff recommendations regarding my child's participation or removal from the program.

Parent or legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_