

TO BE TURNED IN
L.A.F.F. CAMP CONSENT/REGISTRATION FORM

Child's Name _____

Complete Address (incl. PO Box) _____

City _____ Zip _____

Telephone _____ Boy _____ Girl _____ Age _____

Birthdate _____ Grade going into _____

School _____

Please reserve a place for my child at the following camp:

(Please check one)

- | | |
|---|---|
| <input type="checkbox"/> June 3th-6th | Thornville-Park Shelter House |
| <input type="checkbox"/> June 10 th -14 th | Somerset -Park Shelter House |
| <input type="checkbox"/> June 17th-21nd | New Lexington-Arethusa Spring Park |
| <input type="checkbox"/> June 24 th -28 th | Junction City-Community Building |
| <input type="checkbox"/> July 8th-12th | Shawnee—Park Shelter House |
| <input type="checkbox"/> July 22 rd -26 th | Crooksville-Park Shelter House |
| <input type="checkbox"/> July 29th- Aug. 2nd | Roseville-Park Shelter House |

THIS FORM MUST BE SIGNED AND DATED BY A PARENT OR GUARDIAN!!!

I agree to permit my child to participate in the summer L.A.F.F. Camp. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless Perry Behavioral Health Choices, staff, and location. In case of injury to my child, I hereby waive all claims against the above-mentioned individuals and locations.

Check box to allow the above child for a picture release for Perry Behavioral Health Choices, Inc.

Check if the above child is in a foster program.

IN CASE OF EMERGENCY:

Home Phone _____ Work Phone _____ Other _____

Choice of Doctor _____ Dentist _____

Choice of Hospital _____

Medical Conditions/Allergies _____

Signature _____ **Date** _____

(Mother, Father, Guardian)