



Unity Day Camp

REGISTRATION FORM

June 15 – 19, 2009

Child's Name _____ Name Child Prefers _____

Age _____ Birth Date _____ Gender _____ Grade Level in Fall 2009 _____

Address _____ City _____ Zip _____

Parent's Name _____ Home Phone _____ Work Phone _____

Email _____

Parent's Name _____ Home Phone _____ Work Phone _____

Email _____

CONTACT PERSON IN CASE OF EMERGENCY:

Name _____ Phone _____

Name _____ Phone _____

Physician Name _____ Phone _____

Does your child have any allergies? _____

Are there additional considerations, medical or otherwise, that may affect your child during the program?

- Registration is accepted on a first come, first serve basis. Early registration is encouraged to ensure placement.
- \$20 deposit is due in full at time of registration.
- E-mail or phone confirmations will go out within one week of receiving registrations

Registration forms, along with your deposit should be sent to:

Austin Bahá'í Center, Attn: UNITY CAMP, 2215 E. M. Franklin Avenue, Austin, TX 78723.

My child, _____, has permission to participate in Unity Camp. I understand that photos of my child may be used in publications. In case of sickness or accident, in the event I cannot be reached, I hereby give permission to Unity Camp to transport my child to the closest adequate medical facility where a licensed physician may treat my child.

Parent Signature _____ **Date** _____

I, the undersigned, do understand that I am waiving any rights to sue any agent or agency of the Bahá'í Faith for any injuries to person or loss of property incurred during this week.

Parent Signature _____ **Date** _____

How did you hear about us? Friend Flyer Bahá'í Center Mailing E-mail Other _____

FOR OFFICE USE ONLY: DATE RECEIVED _____ CHECK # _____ \$ _____