



# Unity Day Camp

REGISTRATION FORM

June 6- 10, 2011

Child's Name \_\_\_\_\_ Name Child Prefers \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Grade Level in Fall 2011 \_\_\_\_\_

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 # \_\_\_\_\_ \$ \_\_\_\_\_