



Liberty Camp Geauga

Liberty Camp Geauga 2020 Camper Registration

(Entering 1st through 7th grade)

<<<<< Please print clearly >>>>>

PARENTAL/GUARDIAN INFORMATION

Last Name _____ First Name _____

Address _____ PO Box _____ City _____ Zip code _____

Email Address _____

Contact # _____ Cell ___ Home ___ Work ___ Other # _____ Cell ___ Home ___ Work ___

EMERGENCY CONTACT INFORMATION (if different than above)

Name _____ Contact # _____ Cell ___ Home ___ Work ___

Relationship _____ Alternate # _____ Cell ___ Home ___ Work ___

PHOTO RELEASE

Please read the following photo release

As the parent/guardian checking "I agree" constitutes your legal waiver as written.
All registrants must have a signed Photo Release to attend Liberty Camp Geauga 2020.

I hereby authorize the Liberty Camp Geauga 2020 and the Liberty Camp Geauga staff to use, reproduce and/or publish all written and/or visual materials, including photographs and video that may pertain to me or my children. I understand that this material may be used in various publications, public affair releases, recruitment materials, or for other related endeavors. This material may also appear in newspapers, on the Liberty Camp Geauga website and/or Face book pages. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Liberty Camp Geauga 2020 and Liberty Camp Geauga staff may publish materials, use my name, my children's first names, photographs, video and/or make reference to same in any manner that is deemed appropriate in order to promote/publicize the event/program.

___ **I agree** with the photo release statement above.

Parent/Guardian Full name printed: _____

Parent/Guardian Legal Signature: _____ Date: _____

LIABILITY WAIVER

Please read the following waiver of liability

As the parent/guardian checking "I agree" constitutes your legal waiver as written.
All registrants must have a signed Liability Waiver to attend Liberty Camp Geauga 2020.

I certify that I have adequate accident Insurance and I will not hold Liberty Camp Geauga 2020, its Leaders, Staff or Volunteers liable for any and all claims related to participation in this program.

___ **I agree** with the waiver release statement above.

Parent/Guardian Legal Signature: _____ Date: _____

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Number of Camper(s) to register*

1 2 3

How did you hear about Liberty Camp Geauga

Flyer Newspaper Friend / Family Tea Party Home School Group

Other _____

***1st CAMPER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ___ / ___ / ___ Grade (school year 2019-2020) _____

T-Shirt Size> **YOUTH**< **XS**(4-6)___ **S**(6-8)___ **M**(10-12)___ **L**(14-16)___ **ADULT**< **S**___ **M**___ **L**___ **XL**___

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____

***2nd CAMPER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ___ / ___ / ___ Grade (school year 2019-2020) _____

T-Shirt Size> **YOUTH**< **XS**(4-6)___ **S**(6-8)___ **M**(10-12)___ **L**(14-16)___ **ADULT**< **S**___ **M**___ **L**___ **XL**___

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____

***3rd CAMPER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ___ / ___ / ___ Grade (school year 2019-2020) _____

T-Shirt Size> **YOUTH**< **XS**(4-6)___ **S**(6-8)___ **M**(10-12)___ **L**(14-16)___ **ADULT**< **S**___ **M**___ **L**___ **XL**___

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____
