

**2019 PEACE CAMP APPLICATION**

**at Cheryl's Lodge  
CAPTAIN'S OUTREACH CENTER**

**25 Fern Lane, Halfmoon Heights**

**July 15 – August 8, 2019**

**(Monday – Thursday ~ 8:30am - 2pm)**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade in Fall:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Emergency contact name & number:** \_\_\_\_\_

**My child has permission to walk home from Peace Camp: Yes or No**

**Shirt Size (circle one): Youth:** X-Small Small Medium Large **Adult:** Small Medium Large X-Large

**PEACE CAMP is a collaborative program  
of CAPTAIN Community Human Services and Shenendehowa Central Schools**

**I understand that this application for my child \_\_\_\_\_ does not guarantee admission into the Peace Camp program. If my child is selected to participate, I agree to the following:**

1. I will make every effort to have my child attend ALL 16 days of camp (Monday-Thursday, July 15 – August 8.) This commitment of parent & child is essential.
2. I agree to support the PEACE CAMP program and the staff.
3. I agree to participate in the three Parent Programs on Wednesday, July 10, Wednesday, July 17 and Wednesday, August 7 at 7:00 p.m. (Cheryl's Lodge will provide child care if needed.)
4. I give my child permission to participate in all activities of the program, including field trips off property and to receive medical treatment, if necessary.
5. I give permission to have my child's picture used in CAPTAIN CHS promotional materials, website and social media. I understand that pictures taken at camp may be shared with funding sources and partner organizations that participated in Peace Camp.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

