

## Volunteer Camp Registration Form

Camp is \$15 for 5 mornings of volunteering fun! Make checks payable to Fraser, Ltd.

Who are you registering for?  Camper (ages 9-13)  Teen Co-Leader (ages 14 and up)

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female T-Shirt Size (adult sizes):  Small  Medium  Large  XL

Special Accommodations (i.e. food allergy, other adaptations): \_\_\_\_\_

Requests (i.e. wanting to be on the same team as a friend): \_\_\_\_\_

How did you hear about Volunteer Camp?  School  Church Bulletin  Word of Mouth  Other \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

(you will receive confirmation of registration via email as well as other correspondence related to camp)

### **MEDIA CONSENT**

I, \_\_\_\_\_ (parent/legal guardian) hereby consent the release of information and/or pictures (i.e. articles, stories, portraits, moving film or video tape, etc.) or any other form of reproduction which have been written about or taken of \_\_\_\_\_ (participant) for Fraser, Ltd. These may be used in any form without compensation from the photographer or anyone authorized by Fraser, Ltd. It has been explained to me that Fraser, Ltd.'s educational purposes may include, but not limited to; staff and/or interdisciplinary team training, public education, and public service announcements on television or in written illustrations or publications.

This release is effective for one year.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **WAIVER**

\_\_\_\_\_ (participant) has permission to participate in all activities on or away from Fraser, Ltd. properties. In the event of sickness or accident while participating in any activities, I waive any claims against Fraser, Ltd. In case of sudden, extreme illness and/or accident, I authorize Fraser, Ltd. to call a doctor and/or provide necessary medical services at my expense.

### **EMERGENCY CARE**

In case of an emergency and parent/legal guardian cannot not be reached, who should Fraser, Ltd. contact?

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Hospital & Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

I hereby authorize Fraser, Ltd. to secure emergency medical treatment of my child under the following conditions:

1. An emergency/unanticipated condition necessitates immediate action to sustain life or health of the child, and
2. Reasonable attempts to contact me have failed.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Return Registration form with \$15 (non-refundable) fee to:

Fraser, Ltd.

Volunteer Camp

2902 South University Drive

Fargo, ND 58103

If fee hinders participation please call 701-232-3301. Limited scholarships are available.