

**3Rs @ WOW**  
**Vacation UU Camp**  
**Westside Vacation UU Camp**  
**3Rs - Reduce - Reuse - Recycle**

**Sponsored by Westside Unitarian Universalist Church (WUUC)**

**When: August 11 -13, 2010**  
**Where: Westside Unitarian Universalist Church**  
**901 Page Avenue Fort Worth, Texas 76110**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size (circle one): *Youth S L or Adult M XL 2X Other:* \_\_\_\_\_

Child's allergies, current medicines, or other concerns (including special needs):  
\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

email address: \_\_\_\_\_

Day time phone number(s): Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any health issues that your child may have and any medications that they take so we may insure the best care for your child should it be necessary.  
\_\_\_\_\_  
\_\_\_\_\_

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I, \_\_\_\_\_, the undersigned, represent that I am the Parent/Guardian of \_\_\_\_\_, my son/daughter. I grant permission for my child to participate in 3Rs @ WOW Vacation UU Camp, August 11 - 13, 2010 from 2pm-5pm at WUUC. I understand that Universalist Unitarian congregations accept and teach diversity of race, religion, class, sexual orientation and gender identity and give permission for my child to attend this camp.

I agree and hereby do release and hold harmless WUUC, their staff, board of trustees and officers, and any and all camp personnel, whether paid or volunteer, jointly and severally, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my son/daughter may sustain while participating in Vacation UU Camp and/or extended care. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries which may be caused by my son/daughter to the person or property of others.

Should any injury occur, I grant permission for my son/daughter to receive treatment from an appropriate healthcare provider when the need for such treatment is immediate and when efforts to contact me(us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which WUUC or any/all supervisors may incur as a result of securing treatment.

I agree that photos of my child may be used on the web and in print to promote Vacation UU Camp and/or WUUC. \_\_\_Yes \_\_\_No (please initial your choice)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_