

Name of School *

Does your child have a friend they would like to be paired with?

T-Shirt Size *

PARENT/GUARDIAN (1) CONTACT INFORMATION:

Parent/Guardian Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Primary Phone Number *

Area Code Phone Number

Secondary Phone Number *

Area Code Phone Number

E-mail *

example@example.com

Parent Guardian (2) Contact Information

(2) Parent/Guardian Name *

First Name Last Name

(2) Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

(2) Primary Phone Number *

Area Code Phone Number

(2) Secondary Phone Number *

Area Code Phone Number

(2) E-mail Address *

example@example.com

(#1) : ALTERNATE PICK/UP & RELEASE

Please list any persons you authorize to pick up your child from camp. ID required & must match the designated pick-up.

Name *

First Name Last Name

Primary Phone Number *

Area Code Phone Number

Secondary Phone Number

Area Code Phone Number

Relationship to Child *

(#2) ALTERNATE PICK/UP & RELEASE

Name

First Name Last Name

Primary Phone Number

Area Code Phone Number

Secondary Phone Number

Area Code Phone Number

Relationship to Child

Please list any other persons who you give permission to pick up your child. Include name, phone number and relationship to your child.

Parent/ Guardian Initials:

By initialing above, I give PCA Summer camp counselors and volunteers permission to release my child to the contacts listed and will notify the administration in writing if any changes occur.

Terms of Agreement: Photo Release

I hereby give permission for my child to be photographed during the PCA summer camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/ or reports to our donors and for promotional purposed including flyers, brochures, newspaper and on the internet. His or her identity will not be disclosed.

I agree to the terms of the photo release agreement: *

- Yes
- No

Parent Guardian Initials *

By initialing above, I certify that I agree (selected "yes") or disagree (selected "no") to the terms of the photo release agreement

Terms of Agreement: Transportation

I give my child permission to walk, with supervision of camp counselors, to the Varnum Brook playground and return to the Nissitissit School.

I agree to the terms of the transportation agreement: *

- Yes
- No

Parent Guardian Initials *

By initialing above, I certify that I agree (yes) or disagree (no) to the terms of the transportation agreement.

How did you hear about PCA Summer Camp?

Please Add me to the PCA mailing list

Yes

Signature Required:

**Pepperell Community Arts is not responsible for lost or damaged personal property. All events are subject to change.

Name of Parent/ Guardian signing *

First Name Last Name

Today's Date *



Month Day Year