

**APPLICATION
CAMP STANICA**

(Information to be filled in by Parent/Guardian)

Please check your desired Session(s) for camping: ___ Session I ___ Session II

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Age: _____ Grade: _____ School: _____

New Camper: _____ If so, how you heard of Camp Stanica: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Cell Phone: _____

Email Contact: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Cell Phone: _____

Email Contact: _____

Who is the primary custody or caretaker of Child: _____

Is Child a Member of the Polish National Alliance?

Yes ___ No ___ Lodge or Group No. _____ City _____ State _____

Signature of Parent of Guardian _____ Date _____

Comments of Parent of Guardian _____

Emergency Contact (Non -Parent): _____ Relationship: _____

Emergency Contact (Non -Parent): _____ Relationship: _____

Person authorized to pick up Child: _____ Relationship to child: _____

Identification information: _____

WAVIER OF LIABILITY

In consideration of acceptance of foregoing application, I hereby waive any claim, demand, or cause of action, legal or equitable against the Polish Alliance Youth Camp, Inc., the Officers and Directors, Staff, and other Volunteer participants in the overnight camping program, for any injuries to my child or to his/her personal property, that might be sustained by his/her voluntary participation in the overnight camping program.

_____ Date

_____ Signature of Parent/Guardian