



Liberty Camp USA 2021

Time Traveler Registration

(Entering 1st through 7th grade)

Check Desired Location for Registration

Lake County Geauga County

<<<<< Please print clearly >>>>>

PARENTAL/GUARDIAN INFORMATION

Last Name _____ First Name _____

Address _____ PO Box _____ City _____ Zip code _____

Email Address _____

Contact # _____ Cell ___ Home ___ Work ___ Other # _____ Cell ___ Home ___ Work ___

EMERGENCY CONTACT INFORMATION (if different than above)

Name _____ Contact # _____ Cell ___ Home ___ Work ___

Relationship _____ Alternate # _____ Cell ___ Home ___ Work ___

PHOTO RELEASE

Please read the following photo release

As the parent/guardian checking "I agree" constitutes your legal waiver as written.

All registrants **must have** a signed Photo Release to attend Liberty Camp USA.

I hereby authorize the Liberty Camp USA and the Liberty Camp USA staff to use, reproduce and/or publish all written and/or visual materials, including photographs and video that may pertain to me or my children. I understand that this material may be used in various publications, public affair releases, recruitment materials, or for other related endeavors. This material may also appear in newspapers, on the Liberty Camp USA website and/or Face book pages. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Liberty Camp USA and Liberty Camp USA staff may publish materials, photographs, video and/or make reference to same in any manner that is deemed appropriate in order to promote/publicize the event/program.

I agree with the photo release statement above.

Parent/Guardian Full name printed: _____

Parent/Guardian Legal Signature: _____ Date: _____

LIABILITY WAIVER

Please read the following waiver of liability

As the parent/guardian checking "I agree" constitutes your legal waiver as written.

All registrants **must have** a signed Liability Waiver to attend Liberty Camp USA.

I certify that I have adequate accident Insurance and I will not hold Liberty Camp USA, its Leaders, Staff or Volunteers liable for any and/or all claims related to participation in this program.

I agree with the waiver release statement above.

Parent/Guardian Legal Signature: _____ Date: _____

Number of Time Traveler(s) to register*

1 2 3 4

How did you hear about Liberty Camp USA?

Flyer Newspaper Friend / Family Tea Party Home School Group

Other _____

***1st TIME TRAVELER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ____ / ____ / ____ Grade (school year 2019-2020) _____

T-Shirt Size> YOUTH< **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) **ADULT**< **S** **M** **L** **XL**

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____

***2nd TIME TRAVELER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ____ / ____ / ____ Grade (school year 2019-2020) _____

T-Shirt Size> YOUTH< **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) **ADULT**< **S** **M** **L** **XL**

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____

***3rd TIME TRAVELER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ____ / ____ / ____ Grade (school year 2019-2020) _____

T-Shirt Size> YOUTH< **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) **ADULT**< **S** **M** **L** **XL**

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____

***4th TIME TRAVELER INFORMATION**

Last Name _____ First Name _____ Nickname _____

Gender> Male Female Birth date ____ / ____ / ____ Grade (school year 2019-2020) _____

T-Shirt Size> YOUTH< **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) **ADULT**< **S** **M** **L** **XL**

Allergies/Health Concern we should be aware of in camp: (Write "None" if there aren't any) _____