

**ENROLLMENT FORM FOR LIBERTY CAMP**

**JULY 7-11, 2014 9am- noon**

**'PRESIDENTS OF LIBERTY'**

**THE 577 FOUNDATION, 577 E. FRONT ST, PERRYSBURG, OHIO**

NAME OF STUDENT \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL LAST ATTENDED \_\_\_\_\_

GRADE AS OF SEPT. 2014 \_\_\_\_\_

FOOD/HEALTH ALLERGIES, \_\_\_\_\_

\_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_

PHONE OF EMERGENCY CONTACT \_\_\_\_\_

PREFERRED DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

Liberty Camp will be held from 9-12 noon with a mid-morning snack at 577 Foundation, 577 E Front St. in Perrysburg. Please be punctual in bringing your child to Camp and picking him/her up each day. The fee of \$25 (\$20 if two or more children from the same family attend) is due with the return of this registration form. Enrollment will be limited to the first 25 children who return the registration form and fee. To use a credit or debit card, please go to [www.nwohiocc.com](http://www.nwohiocc.com) and donate fee to NWOCC. Please write "Fee Paid through PayPal" at below your signature. During the camp, we will be using the grounds of the 577 Foundation as weather permits. Please return this form to Joyce Hammer, 5306 Sandra Dr., Toledo, OH 43613. If you have any questions, contact Joyce at 419-474 -6331 [libertycamp577@gmail.com](mailto:libertycamp577@gmail.com). Liberty Camp is sponsored by the Northwest Ohio Conservative Coalition.

My child \_\_\_\_\_ has permission to partake in the activities of Liberty Camp 2014.  
(child's name)

Should emergency care be needed, we will contact you immediately but your signature below allows us permission to arrange for transportation to the hospital you have indicated and for treatment as necessary to be performed.

Signature of parent or guardian \_\_\_\_\_

You have permission to photograph my child and allow him to be interviewed by the media during Liberty Camp  
YES NO