



PEACE CAMP 2017 TAKING CARE OF OUR COMMON HOME

presented by
Interfaith Center for Peace and Justice
(icpj-gettysburg.org)

Junior Counselor Confirmation

Congratulations. You have been accepted as a Junior Counselor for Peace Camp 2017. We are very excited to be working with you! We have a fantastic week of activities planned and you are crucial to helping us to have a successful camp.

To prepare for Peace Camp 2017, we ask that you attend an orientation and training session on Monday, May 22, 2017 at 4:30 PM. This is tentatively scheduled at St. John's Lutheran Church, the location of Peace Camp, at 665 St. John's Road in Littlestown. We will contact you again once we have confirmation on the location. In the meantime, please read the following directions below **and have a parent complete the information on the second page.**

1. Remember to bring a lunch and water bottle (with your name clearly marked on each) to camp every day.
2. We will have a snack each day. Please e-mail Camp Director, Tania Reyes (taniareyesfonte@gmail.com), as soon as possible if you have food allergies.
3. Wear old clothes. We'll be playing outside, gardening, and making messy crafts along with other fun adventures.
4. We recommend that you apply suntan lotion before camp each day.
5. You may bring a cell phone but you may use it sparingly and only during break times. ICPJ is not responsible for lost or stolen items. Please do not bring electronics or other valuable to camp.

Please complete the items on the next page and return to strauss19@gmail.com or Peace Camp, c/o ICPJ, PO Box 3134, Gettysburg, PA 17325 **by May 22, 2017**. See you real soon.

Sincerely,
Interfaith Center for Peace and Justice

EMERGENCY INFORMATION

Please complete the items on this page and return to straussl9@gmail.com or Peace Camp, c/o ICPJ, PO Box 3134, Gettysburg, PA 17325 **by May 22, 2017.**

Name(s) and Age(s) of Junior Counselor:	
Allergies or Medications:	
Family Doctor:	Phone:
Medical Insurance Company:	
In Whose Name:	Plan/Policy #:
Emergency Contact #1 and Phone:	
Emergency Contact #2 and Phone:	

List those who have permission to pick up your child(ren) after camp each day:

Name(s): _____

Relation to your child(ren): _____

RELEASE

My child(ren) may participate in Peace Camp from June 5 to June 9, 2017. I permit the Interfaith Center for Peace and Justice (ICPJ) to use photos of camp activities that may include my child for the purpose of publicizing ICPJ programs. I release ICPJ, staff, and volunteers from liability for any injury or illness that my child may sustain during the summer day camp. In the event of an emergency, I authorize an adult leader to consent to any examination, diagnosis, treatment, or hospital care advised and supervised by a licensed physician, surgeon, or dentist, I expect to be contacted as soon as possible.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Date: _____