



REAP | Reaching and Empowering All People Challenge Camp Application

August 29 – September 2, 2011 | 10am-3pm daily | Portland State University

Student Information

First Name _____ Last Name _____
Home Address _____ City _____ State _____ Zip Code _____
Email _____ Phone _____
School _____ Class Standing 2010-2011 (circle): 9th 10th 11th 12th
How did you hear about the Challenge Camp? _____

Parent/Guardian Contact Information

1st Parent/Guardian Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
2nd Parent/Guardian Name: _____ Phone: _____

Emergency Contacts

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Transportation: (Please check a box)

- Transported by a parent, guardian or authorized adult
- Ride the camp bus (free) | Bus route will be available by 8/15
- Ride public transportation
- Drive own vehicle

MAIL COMPLETED FORMS TO:

REAP Inc.
PO BOX 3442
Portland, Oregon 97208

For More Information Contact:

Nathaniel Golden Jr.
Director of Programs

503.330.2680 | nateg@reapusa.org

In return for permitting the student to take part in these activities and the benefit the Student will receive from participation, the Parent/Guardian hereby relieves and releases the Program, its directors, officers, employees, and all persons assisting in these activities, from any and all liability arising from any accident involving or injury to the Student while taking part in these activities or being transported to these activities. The Parent/Guardian agrees to indemnify all of the parties described above from all claims made by or asserted on behalf of the Student. In case of an emergency, the Parent/Guardian authorizes REAP staff to provide medical assistance to my son/daughter. The Parent/Guardian also releases for publication any photos, film or videotape of the student participating in program activities.

Parent/Guardian Signature _____