



Parent OR Guardian Authorization Form

IMPORTANT!!

Name of Camper: _____

Parent or Guardian SIGN HERE please!

AUTHORIZATIONS:

My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

In case of injury, parents or the emergency contact person will be called immediately for their decision on medical treatment.

If parents or the emergency contact person is not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. The camp or our organization will not be responsible for any costs incurred as a result of illness or injury. Parents should notify camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in anyway by the group leadership.

I understand my child may be participating in camp activities that may include Aquatics, Boating, and Archery. I understand that there may be inherent risks in these activities.

If my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by the group leadership.

In the event that I am not able to pick up my child, she (he) may be released only to the following people:

_____, _____,
_____, _____

Signature: _____ Relationship: _____ Date: _____

Print Name: _____

Name of Child: _____