

Summer Camp Parental Consent

Participant Information

Participant's Full Name

Participant's Birth Date

Parish/School

Email

Grade Completed

Child's Allergies or medical problems

Participant's blood type:

Tshirt Size

Information Regarding Summer Camp

Name of the Organiser Company:

Address of the Campground:

Date and Duration of the Summer Camp:

Nature and Duration of Activities In Detail:

General Provisions

1. Activity Supervisors

Participants will perform all the activities under the supervision of supervisors. Supervisors are

2. Transportation

Transportation of the participants to and from the Campground is

3. Mentoring

Participants may be offered mentoring, which is intended to help young people improve their social skills including

Mentoring involves a private conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).

4. Requirements

The participants should be in good health and have no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in the section above.

5. Insurance

The Company does not carry any insurance relative to the activities or for any injury that may occur to the participants. The child is covered by insurance through parent/guardian's; or the parents/guardian personally financially responsible for any and all medical costs incurred as a result of the child's injury.

6. Indemnification

For any direct or indirect losses, damages or injuries arising from the participant's activities (including transportation) will be indemnified by the parent/guardian. In such a case, the parent/guardian reimburses the Company.

Consent

Parent/Guardian Full Name

Address

Mom's E-mail

Dad's E-mail

Mom's Cell Phone Number

Dad's Cell Phone Number

Home Phone Number

Emergency Contacts

If, in the event of a medical or other emergency, I am unable to be reached by telephone at my home or work telephone numbers listed below, I authorize the activity supervisor(s) to attempt to contact me through the emergency contacts listed below.

Emergency Contact#1 Name

Relationship

E-mail

Home Phone Number

Cell Phone Number

Emergency Contact#2 Name

Relationship

E-mail

Home Phone Number

Cell Phone Number

☐ provided by their own/parental guardians.

☒ provided by the Company via buses