



I am the parent and/or the legal guardian of _____.

I hereby agree to enroll my child in the

SUMMER CAMPING PROGRAMS

of

CHRISTIAN CONTENDER MINISTRIES

Freedom, Indiana.

I believe my child can enter into the activities of his/her group, and I delegate all responsibility for his care and control to the authorized staff of the camp during the hours I leave him with them. However, if a problem exists which cannot be resolved, I understand the camp has the right to dismiss my child.

In the event that the authorized staff of the camp should deem it helpful and necessary to take the children on a field trip in connection with the camp, I do hereby grant permission for my child to accompany the group in whatever manner the camp might provide for such a trip.

I will not hold the camp, or the staff liable for any accident or injury to my child on the way to or from the camp, or during the hours I leave him or her in their care. I authorize the staff or attending doctor to give emergency aid and treatment in the case of injury or illness until either I or my physician can be reached.

In case of emergency at a time when I cannot be reached, I authorize the staff to reach the persons whose names have been listed on my child's registration card.

If at any time an individual other than myself or the one regularly designated is to take my child away from camp, I will notify the director or camp secretary, giving the name of the individual who will call for the child, his destination, and the time he is to leave camp.

I will be responsible for paying for my child's day camp for the entire two weeks.

I have read the general information sheet and agree to abide by the procedures stated herein.

Date _____ Signed _____ Mother/Guardian

Signed _____ Father/Guardian