

Youth Camp Excursion Parental Consent & Waiver

Participant Information

Full Name of Participant

Date of Birth

Address

Parent/Guardian Information

Parent/Guardian Name

Relationship to Participant

Contact Number

Email

Emergency Contact

Emergency Contact Name

Emergency Contact Number

Relationship to Participant

Medical Information

Allergies or Medical Conditions

Medications

Special Instructions

Consent & Waiver

I, the undersigned parent/legal guardian, hereby give permission for my child to participate in the Youth Camp Excursion. I understand that all reasonable measures will be taken to ensure the safety and wellbeing of my child. I acknowledge and accept all risks inherent to participation in camp activities and excursions.

In the event of an emergency, I authorize camp staff to secure medical care for my child as necessary and agree to assume responsibility for any costs incurred. I release and hold harmless the camp, its staff, volunteers, and associated organizations from any and all liability in connection with participation in this event.

Parent/Guardian Signature

Date

Camp Representative Signature

Date