

2010 Camp Munsee Permission/Authorization

I, _____ the parent/guardian of _____, give permission for my child to participate in **Camp Munsee** programs, including any trips taken during the camp day. I understand that transportation will be provided by school bus. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities. _____
initial

I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at **Camp Munsee** as an individual or part of a group, with or without text in YMCA publications. _____
Initial

I grant permission and authorization Camp Munsee for the following:

Prescription medication will be given to my child by the staff at specific times scheduled by the camp. I understand that I must sign a statement at each illness, giving the camp specific instructions and permission. _____
initial

An accident or sudden illness to my child will be treated on the premises of **Camp Munsee** by the staff with emergency first aid procedures. I understand that I will be notified immediately and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from **Camp Munsee** to a designated place determined by me. _____
initial

Emergency treatment for my child will be obtained in my absence by the Camp Director and/or staff and it's agents or whatever kind is deemed necessary and in his/her best interest to protect the life, health and well-being of said son/daughter. _____
initial

I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. _____
initial

Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require in the discretion of the **Camp Munsee** staff, it's employees or agents, is hereby authorized. _____
initial

If on a trip, I further authorize and give consent to any rescue squad or emergency assistance personnel and/or closest medical facility personnel to render transportation and/or medical care as deemed necessary in their discretion and in the best interest of the life, health and well-being of my child. _____
initial

I understand that **Camp Munsee** shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given whenever possible. _____
initial

I have read and understand **Camp Munsee's** Registration Procedures, Payment Procedures and Cancellation Policy and will follow them. _____
initial

During the summer of 2010, the primary people that will routinely pick up my child are (will be placed on sign-out list for daily pick-up):

1. Name _____ Relationship _____
2. Name _____ Relationship _____

The following people are also authorized to pick up my child in my absence:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Parent/Guardian's Signature

Date