

PERMISSION STATEMENTS

**This form must be completed & signed for ALL participants.
All unchecked boxes will be assumed that permission is not given.**

_____ I/We give permission for my child/ward to participate in **ALL** program
Initials activities that may be conducted on/off camp property, as noted in the
camp brochure and registration materials. I realize that there is some
risk with some activities, transportation and the general public. I
realize that there are specific procedures to minimize risk.

*** Initials above are required for camper to attend camp.**

Yes No

I/We give permission for the Camp Director to look through my
child/ward's belongings with my child/ward if the health and safety of
my child/ward or other participants warrants this action.

Yes No

I/We give permission for audio and visual recordings of my child/ward
and/or of myself to be used by Outdoor Ministries and the Illinois
Conference of the UCC for promotional purposes.

Yes No

I/We give permission for the Camp Director to include the name,
address and phone number of my child/ward and/or of myself on the
camp address list. The camp address list may be distributed to all
camp staff and campers. Please complete the following:

Camper Info (please print):

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Camper E-mail: _____

*Parent/Guardian Signature REQUIRED:

X _____

Signature of Participant or Parent/Guardian if under age 18

Relationship

Date