

Thank you for choosing... Christian Youth Center Day Camp
PARENT PERMISSION FORM 2010
(Fill out one per family and return to the CYC.)

Please read this form carefully. Be aware that in signing up and participating in the Christian Youth Center Day Camp program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you and each participant might sustain arising in any manner out of this program or the use of the facilities or equipment.

PERMISSION: I give my child/children permission to participate in the Day Camp program, both at the premises of the Christian Youth Center (CYC) and the activities of the Day Camp off site. I understand that there are dangers in my child participating in Day Camp activities. My child's participation in any of these activities is on a voluntary basis. I am aware you will be using bus transportation for special events. I am aware there will be activities such as swimming at the Joliet Park District's Splash Station and the Lockport Township Pools, which provide lifeguards, and other trips specified in the 2010 calendar. A schedule of these activities has been made available to me.

RELEASE OF LIABILITY: I do hereby fully release and discharge the Christian Youth Center Ministries and its officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me and my child on account of participation in the CYC Day Camp program or use of facilities or equipment in conjunction therewith. I hereby waive and relinquish any such claims that I and my child may have.

MEDICAL AUTHORIZATION: In the case of an emergency, I authorize emergency medical treatment or transportation for my child (you may be assured that every reasonable effort will be made to contact you prior to any treatment). I know that the CYC staff and Day Camp staff will do their best to see that my child has a safe and fun time while at Day Camp. The CYC does not carry individual camper insurance. I understand and agree that I am responsible for the full cost of all medical treatment or transportation my child receives.

I understand and agree that I am responsible for the full cost associated with my child(ren)'s attendance at the CYC day camp.

I consent to having my child's photograph and/or video used in future promotional material.

I certify that the information provided to the CYC is true and accurate. I have informed the CYC Day Camp staff of any specific restrictions and concerns which are necessary for my child's participation in the CYC Day Camp program.

I have read and I fully understand the above document, and I freely agree to its terms and conditions on behalf of me and my child.

Signature of parent/legal guardian/person responsible for payment

Printed Name and Phone #

Date

Print Participant(s) Name(s):



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Office Use Only : Date _____ Check # _____ Amount Paid _____ Staff Signature _____