

PARENT/GUARDIAN PERMISSION FORM

- PLEASE READ PRIOR TO REGISTERING -

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Cypress Hills Camp and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including without limitation brochures, CDs, DVDs, the camp website and newsletters.

I have read and understood the terms of this agreement and **BY ALLOWING MY CHILD(REN)** to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

I agree to allow Cypress Hills Camp to share my name, address & phone number with staff & churches affiliated with the camp.

Cypress Hills Camp reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

Cypress Hills Camp reserves the right to cancel any week of camp and give a 100% refund.

We count it a privilege that you sent your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing summer staff team, and our staff loves to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel session and cabin devotionals. As part of our child and youth protection policy (www.insafehands.ca) we are committed to honouring you as a parent/guardian and to asking your permission before any contact occurs between campers and our staff (Facebook, Twitter, phone calls, etc). Our staff would be honoured to be able to continue to stay involved in your child or youth's life after camp. Please sign below to indicate whether or not you give permission to our staff to stay in contact with your son or daughter. If you wish to discuss this further please contact the camp director by phone or email (please see camp website for contact information). If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____