

TRINITY SUMMER CAMP 2010 - PARENTAL CONSENT FORM

Parents must agree to all items and this signed form must be submitted to Trinity Summer Camp before children can attend camp. Please keep a copy of this page and read it carefully before signing.

I understand that Trinity Summer Camp is being conducted by Trinity School, Inc., and that while attending Trinity Summer Camp, my child will participate in programs and activities offered by Trinity Summer Camp.

I understand that accidents and injuries may occur during participation in such activities, and that every reasonable effort will be made to provide reasonable care by the camp staff.

I understand that my child may participate in field trips offered by Trinity Summer Camp, including field trips to the pool with transportation provided by a school bus.

I hereby give permission for my child to attend Trinity Summer Camp and to fully participate in all Trinity Summer Camp programs and activities.

I hereby give permission for medical attention to be administered to my child by the camp staff in the event of a medical emergency. When I cannot be contacted, I hereby give my consent to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well-being of my child.

I hereby waive and release Trinity Summer Camp and Trinity School, Inc. and its trustees, officers, teachers, employees, counselors, volunteers, agents and assigns from and against any and all present and future claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs, resulting from any damage, loss, personal injury or illness to my child and/or damage to my child's property arising from or out of my child's attendance or enrollment in, or out of my child's participation in activities at or offered by, Trinity Summer Camp.

Photos: Trinity Summer Camp has permission to use photographs of children for promotional purposes.

Dismissal of Camper: Trinity Summer Camp reserves the right to dismiss, in its sole discretion, any camper whose behavior is deemed unsatisfactory or detrimental to the best interests of Trinity Summer Camp, themselves, other campers, and/or staff, in which case no refunds will be made.

Health Inventory Form: I agree to fully and accurately complete the Health Inventory Form providing Trinity Summer Camp with any and all information asked regarding my child. I understand that this is confidential information and it is in the best interest of my child to provide this information.

Child's Name: _____ Date of Birth: _____

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS AND CONDITIONS AS EXPLAINED ON THIS PARENTAL CONSENT FORM AND GIVE PERMISSION AS OUTLINED ABOVE.

Mother's Name (printed): _____

Mother's Signature: _____ Date: _____

Father's Name (printed): _____

Father's Signature: _____ Date: _____