L.I.F.E. Youth Summer Camp

Parent/Guardian Authorization for Participation

In order for your child to participate in the LIFE CAMP at CCWC, please sign the authorization statement. (Please initial next to each statement)

Safety and	d Behavior
I understand that my child's safety and the sa child's own behavior and actions. Any participant we be subject to dismissal.	fety of those around him/her depends largely on my ho does not comply with the safety standards may
I understand that the presence of program stabehaving appropriately, following directions, dressing the put him/herself or others in danger. I further ag Summer Camp rules and guidelines including staff or	g appropriately, and acting in a manner that does ree to encourage my child to follow LIFE Youth
I understand that students are not permitted thereby authorize LCCLC Summer Camp staff to conficamp period and return it at the end of camp. (Exceemergency situations.)	scate my child's cell phone for the length of the
Medical A	Attention
I understand that every precaution is taken to case of accident, I give permission for Christ Commustaff to seek medical attention and understand I am Photo/Medi I give LIFE Youth Summer Camp staff permissi purpose of program marketing and publicity.	nity Worship Center and LIFE Summer Youth Camp responsible for the cost of care.
Transpo	ortation
I give LIFE Youth Summer Camp staff permissi activities. I understand that this transportation may walking to a nearby location. Parent/Guardian Name (print):	on to transport my child as needed to recreational be in a Christ Community Worship Center vehicle or
Signature of Parent/Guardian:	Date
Home Phone #:	Cell Phone #:
FOR OFFICE	USE ONLY
Registration Fee received: yes no (circle)	Amount Paid: \$
Date Received: / /	