

# Parental / Guardian Authorization Form

## Star Lake Musiccamp 2018

**Important: This form must be completed in full by a parent/guardian whose child is under 18 years of age at the time of Musiccamp, or your child will not be permitted to attend Star Lake Musiccamp.**

I wish to enroll the following individual in the Salvation Army USA Eastern Territory's Star Lake Musiccamp 2018:

Child's Full Name: \_\_\_\_\_

By signing this document I am indicating that the health history provided to Star Lake Musiccamp is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

By signing this document, I agree that my child will remain at Star Lake Camp (268 Macopin Road, Bloomingdale, NJ 07403) for the duration of the music camping period. In the event of dismissal due to breach of camp discipline or voluntary withdrawal, I understand that there will be no refund of camp fees. If the withdrawal is due to serious illness or accident, I understand that a pro-rated refund may be available.

I understand that all reasonable precautions for health and safety are taken by the staff of Star Lake Camp, and participation by my child in all camp activities is at the camper's and my own risk.

Please check one of the following:

\_\_\_\_\_ **I give permission** for my child to leave campgrounds during free time.

\_\_\_\_\_ **I do not give permission** for my child to leave campgrounds during free time, except when a trip is arranged by a Camp Director and accompanied by designated camp staff members.

**Signature of parent/guardian** \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_

Address of parent/guardian \_\_\_\_\_

Home phone number of parent/guardian \_\_\_\_\_

Day phone number of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_