

Camp Fire USA Eastern Massachusetts Council

Parental/Legal Guardian Consent & Acknowledgement

Camper Name: _____

In striving to keep our families well informed about our camp program and policies, we have created a document for clear and direct communication. Contact our office for any questions or concerns at 617.591.0300.

Please initial yes or no for each item.

*Initial yes on items marked with an * or your child will be unable to attend camp.*

1. Understanding of inherent risk and permission to participate * Yes No

It is my sincere wish that my child enjoy the experience afforded at camp and I understand that even after reasonable precautions have been taken, many activities have inherent risks I have read the camp brochure or website and desire my child to attend Camp Fire USA summer camps. I give my permission to take part in usual camp activities. I will not hold the camp responsible for accident or illness incurred and I waive any claims against Camp Fire USA and the Eastern Massachusetts Council (CFUSA EMC) except for claims arising from gross negligence or willful acts by the Council or its agents. I understand that by signing, I certify that my child is healthy and free from conditions that may be deleterious to his/her happiness or that of the other campers.

2. Medical Treatment Authorization* Yes No

I give permission to the camp to provide routine health care, administer prescribed medications and seek emergency treatment including and ordering x-rays or routine tests. I authorize the release of any records necessary for treatment, referral billing, or insurance purposed. In the event of an emergency where I cannot be reached, I give permission to the physician secured by the adult in charge of activities to hospitalize, secure treatment of and to order injections, anesthesia or surgery for my child. I understand that my family medical insurance will be billed for any expenses incurred. I will pay the expenses incurred in such emergency treatment. I understand that the staff will make every effort to notify me of the emergency immediately.

3. Payment Agreement* Yes No

I understand that the camp tuition deposit is nonrefundable and that the balance is due by June 2, 2008, unless other arrangements have been made with the Council Office. I also understand that the remainder of the tuition is refundable only if written notification is received in the Council office by June 2, 2008. No refunds will be given for camper absences, if a camper leaves camp a camp session early or for expulsion from the program.

4. Internet and other Technologies Yes No

I and my child have read through and understand our policies regarding the camp community on cell phones, internet and internet communications, "after camp" communication with staff, and internet safety resources.

5. Support staff consent* Yes No

The camp programs have support staff consisting of council staff persons and volunteers who may work within the program. I give permission for my child to interact with these support staff.

6. Electronics at camp* Yes No

I understand that my child is strongly encouraged not to bring electronics or valuables to camp due to the expense, distraction and safety of our camp community. **Cell phones are not allowed.** At Camp Nawaka, if phone is found a fee of \$75 will be charged immediately and phone will be confiscated. If your child needs a cell phone at *day camp for the rare reason*, please contact the camp director to make necessary arrangements.

7. Sunblock/Insect Repellant Permission Yes No

I give permission for my child to have sunscreen and insect repellant applied to him/her by the group counselor. I will provide the camp with sunscreen and insect repellant clearly labeled with my child's name.

8. Promotional Release Yes No

I hereby grant consent and authorize the use of photographs, slides, videotapes, testimonials, surveys and film of my child participating in camp activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote CFUSA, American Camp Association (Nawaka and Ponkawissett only) and Zoo New England (ZooCamp only) programs and services and or recognition of participants. I understand that CFUSA is a non-profit organization.

Parent/guardian Signature: _____ Date: _____