

**Kingston's Camp Parents Permission Sheet**

Please be sure to fill out this sheet and **completely**:

Name and phone number of alternate delegates in case of emergency: 1. \_\_\_\_\_  
\_\_\_\_\_ 2. \_\_\_\_\_

Names of people who are allowed to pick up camper: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

Name and phone of family Physician or Specialist \_\_\_\_\_

Health Insurance carrier and policy or group number: \_\_\_\_\_

Please answer 'yes' or 'no' to each statement on the line provided.

\_\_\_\_\_ I will **not** hold Kingston's Camp responsible for any of my child's clothes and possessions, unless they are properly labeled and sent with all necessary instructions (where necessary), and kept in their designated areas while at camp.

\_\_\_\_\_ I will **not** allow my child to bring toys or 'treasures' from home, unless the director approves in writing. Objects will be allowed if related to or appropriate for camp activities only.

\_\_\_\_\_ I understand electronic games, ipods and cell phones are not allowed to be used at camp, and may be removed from the camper's possession until dismissal time.

\_\_\_\_\_ I have read the financial information and agree to all the terms.

\_\_\_\_\_ I have read the 'Need to Know' page and understand all camp rules.

\_\_\_\_\_ I understand that if there are severe weather warnings i.e. hurricane or tornado that camp may be dismissed early.

\_\_\_\_\_ I give my child permission to take short walking field trips off Kingston's Camp's property (e.g. the Bike Path or Genessee Swamp, etc.).

\_\_\_\_\_ I give my permission to Kingston's Camp to use my child's photograph in promotional material.

\_\_\_\_\_ I give permission for my child's picture to be posted upon Kingston's Camps **secure** Website, and understand that picture may be downloaded, by myself and/or other campers.

I \_\_\_\_\_ (parent or legal guardian) give my permission to Lisa-Beth Sanford or any person in Kingston's Camp's employ, to take my child to a physician, or hospital, or to call an ambulance should an emergency occur.

I \_\_\_\_\_ (parent or legal guardian) authorize full **EMERGENCY** treatment be performed on my child, should it be necessary, and that this permission releases Lisa-Beth Sanford, Kingston's Camp or any person in Kingston's Camp employ, from any liability.

Parent/Guardian e-mail \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_