

FOUR MOUNDS SUMMER ADVENTURE DAY CAMP 2010: PERMISSION SLIP

I, _____, give permission for
 (parent or legal guardian)
 _____, to participate in the following:
 (camp participant)

(please check mark each activity you agree with)

___ Traveling by RTA bus to:

- Four Mounds on Monday & Friday
- Swiss Valley Nature Preserve /Catfish Creek on Tuesday
- Mines of Spain /Catfish Creek or Mud Lake on Wednesday
- Whitewater Canyon on Thursday

___ Participating in all Camp Activities:

- Four Mounds Challenge Ropes Course (high & low)
- Exploring ecosystems at Swiss Valley
- Canoeing on Catfish Creek at the Mines of Spain
- Exploring ecosystems at Whitewater Canyon

___ Participating in wading/swimming at Swiss Valley on Tuesday.

Does your child need a life jacket? ___ yes ___ no

___ Allowing the use of bug repellent with DEET during the camp, as supplied by camp counselors.

___ Allowing the use of sunscreen during the camp, as supplied by camp counselors.

___ Allowing camp counselors to apply first aid or utilize CPR should they find it medically necessary.

___ Allowing photos to be taken for use in program materials.

ALLERGIES – Please checkmark one of the two boxes listed below:

___ No, my child has no known allergies

___ Yes, my child has the following allergies that could be a concern. Please include any allergies to medicines, bug bites, bug repellent or sunscreen, food allergies, etc. Let us know if the condition has any possibility of needing professional medical treatment, or whether it can be life threatening.

Description	Treatment necessary	Life threatening? (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Campers must have completed form to participate. Please hand to a counselor on the first day of camp.