

AEC Children's Camp 2016

CONSENTS

NAME OF CAMPER: _____

CONSENT TO PARTICIPATE

Admission: I affirm that I am the parent/guardian of above name child. My child may participate in all activities: swimming, sports, inflatable water slide, music, arts, hiking, group performances, innovation, nature study, professional guest performances, camp carnival, small group games and activities that build skills of caring for self and others. This authorization applies unless I specify in writing that my child not participate in an activity.

Lost Articles: I understand that the AEC Children's Camp is not responsible for lost articles, and understand that it is recommended that items of great value are not brought to camp.

Parent/Guardian (Print & Signature)

Date

CONSENT TO EMERGENCY MEDICAL/DENTAL CARE

If my child _____ requires emergency medical or emergency dental care, and I cannot be reached, I give consent to the AEC Children's Camp to obtain the necessary medical or emergency dental care for my child. I agree to pay all of the costs associated with the emergency medical or emergency dental care that my child receives. I understand that every effort will be made to contact me before and after medical or dental care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent/Guardian (Print & Signature)

Date

CONSENT TO PHOTO/VIDEOTAPING AND USE OF YOUTH WORK

Please be aware that sometimes, staff, photographers, newspapers, television reporters, media representatives and public relations personnel may be present during program activities and special events, both in camp and away from camp. In some cases, they may photograph, interview or otherwise record children who participate in these events. The resulting images, videos and interviews may be used solely for non-profit, non-commercial purposes of the program to promote the programs in printed and electronic media published by our agency, such as brochures, books, print and email newsletter, DVDs and videos, websites and blogs. These images may also be used by DYCD in its publications for non-profit educational purposes.

I understand my child, _____, may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for my child to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission No, you do not have permission.

I understand that my child, _____'s, work may be used in materials that promote programs, solely for non-profit, non-commercial purposes of the program.

Yes, I give my permission No, you do not have permission

Parent/Guardian (Print & Signature)

Date