

## PERMISSION FORM

Child's Name: \_\_\_\_\_ Camp Week: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

**Statement: I understand that the precautions and rules designed to make camp a safe place will be followed by the staff. I hereby give consent to the following:**

- 1. My child may PARTICIPATE in the full camp program and all activities outlined in the camp brochure and the attached letter, unless I advise you in writing.**
- 2. LCYC may use any PHOTOGRAPH of my child for promotional material.**
- 3. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I hereby give permission for my child to receive professional MEDICAL TREATMENT as deemed necessary by the LCYC staff.**
- 4. I am aware that LCYC does not tolerate any form of bullying and therefore NO REFUNDS are given to campers who are sent home DUE TO BULLYING OR REPEATED MISBEHAVIOUR.**
- 5. I give permission to the Camp Director, or his/her designate to ADMINISTER MEDICATION THAT I HAVE PROVIDED FOR MY CHILD during his/her week at camp. I agree that the staff is only responsible to administer the medication according to the direction and information that I have provided to the camp.**

**I will not hold LCYC, Lake Melville Ministerial Association Inc., LCYC operating committee, staff, or volunteers liable for any accidents that might occur. I hereby unconditionally release the aforementioned from any cause or action and shall indemnify and save harmless from any and all causes of actions.**

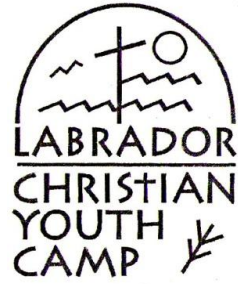
**Signed, \_\_\_\_\_**

**(parent/guardian)**

Please complete and bring this form when you register your child at the beginning of camp along with the remaining camp fees. Or send it to:

**Labrador Christian Youth Camp  
c/o Ed Sharpe  
PO Box 514, Stn C  
Happy Valley-Goose Bay, NL A0P 1C0  
Phone: 709-896-0837  
Email: [lcycamp@yahoo.ca](mailto:lcycamp@yahoo.ca)**

**Health Information Form**



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

Child's Date of Birth: \_\_\_\_\_

Child's MCP #: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_  
(for information purposes only)

Health concerns - Please list anything we should be aware of (e.g. asthma, allergies, bedwetting etc.)

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Will your child be bringing any medication to camp? Please specify:

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Is your child on a special diet for health reasons? \_\_\_\_\_

Please specify: \_\_\_\_\_

Does your child have any special developmental, behavioral or physical needs that we should be aware of? Please describe:

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Is there anything else we should know about your child? (e.g, first time away from home, swimming ability, recent family changes etc.)

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Signature of Parent/Guardian