

I, the parent/guardian, grant Urban Christian Ministries consent and permission to obtain emergency medical treatment for my child in the event of illness or injury. I acknowledge that Urban Christian Ministries' employees, volunteers or others in a counselor position may take reasonable action to prevent my child from harming, endangering and/or injuring himself/herself and/or others.

Camper Information: Please Print Clearly.

Name: _____ Age: _____ Birthday: ____/____/____ Gender: M or F

Address: _____ City, State & Zip: _____

Church Attended: _____ Has child attended UCM Camp before? Y or N

Parent/Guardian Information:

Name: _____ Phone: ____ - ____ - ____ Alt: ____ - ____ - ____

Address (if different from child's): _____ City, State & Zip _____

EMERGENCY CONTACT: Name: _____ Phone: ____ - ____ - ____

Relationship to child: _____ Alt phone: ____ - ____ - ____

In order for everyone to enjoy this week, we will not tolerate any misconduct, or misbehavior. In the event of any infraction of the Camp Rules, the responsible person(s) will be dismissed from Camp. It will be the responsibility of the parent to secure transportation home for his/her child. There will be NO REFUND for any child dismissed from camp because of misbehavior.

In addition, there will be NO ELECTRONIC DEVICES ALLOWED ON THE CAMPGROUNDS (this includes cell phones, I-pods, mp3 & cd players and any other's). If your child is found in possession of any of the above devices, it WILL BE CONFISCATED and returned to the parent at the conclusion of Camp. DO FULLY UNDERSTAND, AND AGREE WITH THE TERMS OF THE NO TOLERANCE POLICY INSTITUTED BY URBAN CHRISTIAN MINISTRIES AND BLISS SUMMIT BIBLE CAMP I AM IN FULL COOPERATION WITH THIS STATEMENT. IN ADDITION, THIS CAMPER HAS MY PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED ON THE CAMP APPLICATION. I ALSO GIVE PERMISSION TO THE CAMP NURSE TO ADMINISTER ANY MEDICATIONS AS INSTRUCTED ON THE ATTACHED MEDICAL FORM. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE CAMP STAFF TO SECURE THE PROPER TREATMENT FOR MY CHILD NAMED ABOVE. ALSO, I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND THE PICTURES BE USED FOR CAMP PROMOTION AND PUBLICATION.

By signing this PERMISSION SLIP and NO TOLERANCE statement above I indicate all of the following information is true, accurate and I also understand all rules my child is expected to be in compliance with.

Parent/Guardian Signature: _____ Date: ____/____/____

Camper Signature: _____ Date: ____/____/____

Dear Parent / Guardian:

We are including a health form for each parent / guardian to sign, giving permission to apply sunscreen on your child.

I _____ give permission for my child
_____ to receive sunscreen to be applied by their
counselor. If age appropriate (ages: 7 – 15) the child can apply sunscreen to
themselves. Initial below.

_____ Yes my child can use sunscreen

_____ No my child can not use sunscreen

Parent / Guardian Signature _____

Date: _____

Phone: _____ Cell: _____