



Permission Slip - (Please complete one per child)

Print Child Name _____ **Child Age** _____ **Gender:** M or F

Print Parent/Guardian Name _____

I understand that there are certain dangers inherent in the summer programs and activities at Catalyst Youth Camps and Retreat (a division of Cedar Lake Ministries in Cedar Lake, Ind.). Participation in all of these activities is on a voluntary basis only. I give my child permission to participate in these activities and release Cedar Lake Ministries from liability for injuries. My child may receive medical treatment if necessary from a camp nurse, first responder or Cedar Lake Ministries' staff on duty. In the case of an emergency, I understand that every effort will be made to contact me prior to any treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Cedar Lake Ministries to secure and administer treatment, including hospitalization, for my child.

We also hereby release the camp nurse or first responder on duty, and/or Cedar Lake Ministries' staff from any or all complications arising from administering necessary medical treatment.

By signing, I confirm that I have read and understand the information above. I certify that the following information is true and accurate to the best of my knowledge. I also consent to having my child's photograph and/or video used in future promotional material.

Signed by Parent/Guardian _____

Date _____

Emergency Contact 1 _____

Relation _____ Phone _____

Emergency Contact 2 _____

Relation _____ Phone _____

Please list an allergies or medical/emotional/behavioral conditions that we should be aware of: