



After School/Summer Camp Program Parent Permission Agreement

- I understand the risks involved in this program and that the staff will exercise all reasonable care for my child(ren).
- In the event of a medical emergency, I understand that an effort will be made to reach me, however, I do give permission for the staff of this program to authorize emergency medical care for my child(ren).
- I will not hold UrbanPromise Ministries, or other cooperating organizations, their staff or representatives responsible for injuries which occur to my child(ren).
- I understand that part of the UrbanPromise program is spent in Christian Education.
- I agree to support my child(ren) and the staff of this program through accepting and enforcing the discipline structure that is used in the camp.
- I give permission for my child(ren)'s name and photograph to be used in UrbanPromise materials.
- I understand that UrbanPromise is not responsible for my child(ren) until and unless they arrive at the program site.

Print Parent/Guardian Name

Relation to children

Sign Parent/Guardian Name

Date

Children's Names

Circle Program:

Camp Faith/Spirit

Camp Saved/Grace

Camp Joy/Creation

Camp Freedom



If your child attends a **Camden City Public School**, please complete the **top portion**.
For **any other school**, please complete the **bottom portion**.

Please print clearly and complete all items, including signature and date. Thank you!

I, _____, as parent and/or guardian of _____
Full name of parent/guardian Child/children's full name(s)

authorize the **Camden City School District** to release _____'s
Child/children's full name(s)
report cards for the 2016-17 school year to UrbanPromise.

Parent/guardian signature

Date



I, _____, as parent and/or guardian of _____
Full name of parent/guardian Child/children's full name(s)

authorize _____ to release _____'s
School Name Child/children's full name(s)

report cards for the 2016-17 school year to UrbanPromise.

Parent/guardian signature

Date