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.

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<th>Print Parent/Guardian Name</th>
<th>Relation to children</th>
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<th>Sign Parent/Guardian Name</th>
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Children’s Names

Circle Program: Camp Faith/Spirit  Camp Saved/Grace  Camp Joy/Creation  Camp Freedom

856-661-1700  urbanpromiseusa.org
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

856-661-1700   urbanpromiseusa.org