

Girls: 5th & 6th, 7th & 8th grade Fall 2015

Permission & Enrollment Form

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

Summer Camp Participant

Payment Options:

- \$25.00 participation fee *(Submit with form)*
- I would also like to sponsor another camper
- I would like to make a financial contribution of: \$_____
- OR-**
- I need a scholarship. Please contact me.

Event Involvement

Select the events your child would like to participate in.

- Masterpieces Camp Week: July 13-17
5th & 6th Graders
Monday-Thursday: 9:00 am-1:00 pm
Friday: 9:00 am-1:00 pm, 6:00 - 9:00 pm

- Mosaic Camp Week: July 13-17
7th & 8th Graders
Monday-Thursday: 9:00 - 1:00 pm
Friday: 9:00 am-1:00 pm, 6:00-9:00 pm

- **T-Shirt Size:** (Circle one)
Youth: L
Adult: S M L XL XXL
- **Grade Level:** (Circle one)
Fall 2015: 5th 6th 7th 8th

Participant Information:

Name: _____
Address _____ Email _____
City, State, Zip _____ Indicate Medical/Health conditions _____
Phone _____

Medical Emergency Contact Information

Person to Contact First

Name _____
Relation to Participant _____
Phone _____

Backup Contact

Name _____
Relation to Participant _____
Phone _____

Name of Family Doctor

Phone _____

Publicity /Image Voice Permission

Photographs, video and/or audio recording of programs may be used for education or promotion. To authorize use of your child's image and/or voice please initial.

_____ initial _____ date

Transportation

I give permission for my child to be transported by an adult volunteer driver or staff member during an authorized Girls Summer Camps activity or event.

_____ initial _____ date

Summer Camp Assumption of Risk and Release of Liability *(Please read carefully)*

I give permission for _____ to participate in Summer Camp. I understand that The Bridge Summer Camp projects, activities, and events may involve certain risks and possible injury and that each participant will be provided with reasonable care. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS The Bridge, CFCA and associated agencies and facilities.

_____ signature _____ date

Please drop off or mail to: The Bridge - 529 Seneca Street, Storm Lake, IA

For more information: Contact us at 213-0195 or

office@thebridgeofstormlake.com

