



Program Permission for Visiting Groups

CAMPER INFORMATION

Name (First and Last): _____

Birthdate: _____ Grade in School (Fall '17): _____

PARENT/GUARDIAN INFORMATION

Parent 1 Name: _____ Parent 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

PERMISSION TO PARTICIPATE IN VISIT TO JCC CAMP CHI

I hereby give permission for my child listed above to participate in the visit to JCC Camp Chi and all activities, including, but not limited to, swimming, boating, horseback riding, athletics, tubing, waterskiing/wakeboarding, high ropes course, rock climbing, etc.

I release JCC Camp Chi, JCC Chicago, and all affiliated staff (herein "JCC") of all responsibility other than reasonable care. I understand that JCC will not assume responsibility for accidents or subsequent medical, dental or other expenses incurred as the result of accidents, sustained during, or as the result of, any course of instruction given to the above named participant. JCC is not responsible for any lost or damaged personal property.

I give permission for my child listed above to receive appropriate medical attention from JCC staff. If it is determined that my child needs immediate emergency medical care, I authorize JCC to transport him/her to a nearby medical facility. If possible, the parent will be contacted prior to treatment. I understand that I will be responsible for all of his/her expenses in relation to medical services.

PARENT/GUARDIAN SIGNATURE: _____

Parent/Guardian Printed Name: _____ Date: _____