

Permission

I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes. I understand choosing to send this child to daycamp may increase their risk of being exposed to communicable diseases such as flu or COVID. For the safety of other campers and IOLBC staff, I agree to not send this child if I suspect they are ill. _____

Parent/Guardian Signature & Date

Day Camp Covenant

As a participant in Day Camp and as a child of God, I understand and agree to the following expectations:

- I will choose to participate fully in Day Camp.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- I will choose to listen to the Day Camp leadership team and volunteers.
- I will choose to use my words to build others up or I will choose to be quiet.
- I will not bring harm to myself. I will choose to maintain self-control.
- I will choose to be respectful of the facilities and grounds where Day Camp is held.
- I understand that if I damage other peoples' property, I am responsible for replacing/ repairing it.

** I understand that if I choose to break this Conduct Covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others, my parent/guardian will be contacted and I will be sent home.

Day Camper Signature & Date

** I have read this Conduct Covenant and enter into it with my child. I will encourage my child to abide by it. I understand that should my child choose to break this Covenant, every effort will be made to contact me and my child will be sent home. I also understand that if I am not reachable the emergency contact listed will be contacted. _____

Parent/Guardian Signature & Date