

Challenger Learning Center of RCSD1  
Summer Camp Permission Form

Camper's Name	
Parent/Guardian's Name	
Please list any facts concerning the child's medical history, any physical impairments or conditions (including food allergies), and medications currently taken of which a physician and CLC should be informed.	
(initial)	<p>I understand that</p> <ul style="list-style-type: none"> <li>• Campers must arrive no earlier than 8:50am and no later than 9:00am.</li> <li>• Parents/guardians must designate in writing (on the Registration Form or on a separate document) any individuals to pick up campers.</li> <li>• Parents/guardians must walk the camper into the building and sign them in EVERY morning.</li> <li>• Campers must be picked up no later than the scheduled ending time for the camp. A late fee of \$10 per 15 minutes will be charged and payable at that time. If parents anticipate being late in picking up a camper, parents should enroll in CLC Extended Care.</li> </ul>
(initial)	<p>I understand that If my child will need medication during the camp session, a parent/guardian must be available to administer the medication. CLC Staff will NOT administer medication to your child.</p>
(initial)	<p>I give permission for my child to take part in all summer program activities. I understand that my child will not text, access personal email, or access non-class websites during camp. I understand that I am responsible for my child's behavior and agree that I will not hold the Challenger Learning Center of RCSD1 or their personnel responsible for any accident or harm which may befall my child during the camp. I understand that the Challenger Learning Center of RCSD1 has no insurance covering such medical or hospital costs incurred and therefore, any cost incurred for such treatment shall be my sole responsibility.</p>
(initial)	<p>If the Challenger Learning Center of RCSD1 is unable to reach a parent/guardian, emergency contact, or physician, I authorize the Challenger Learning Center of RCSD1 to consent on our behalf to medical treatment inclusive of surgical intervention for our child and I agree to assume liability for any medical expenses incurred.</p>
(initial)	<p>This is to certify that I give permission to the Challenger Learning Center of RCSD1 to photograph and/or videotape my child at camp for use on their website, promotional brochures, and other marketing materials. I understand that all rights, title, and interest in the photography used belong to the Challenger Learning Center of RCSD1 and that I will receive no financial compensation for the use of these pictures and/or videotapes. I further understand that the above agencies may edit, copy, alter, or revise the photographs and/or videotapes for use on their website, promotional brochures, and other marketing materials.</p>

Date

Parent/Guardian Signature