

CLINTON COUNTY POLICE CAMP CADET INC.
ESTABLISHED 1991

2013 PARENTAL PERMISSION AND RESPONSIBILITY FORM

I/We understand that the CLINTON COUNTY POLICE CAMP CADET INC. has accepted my child to attend the CAMP on the basis that I/We have agreed to assume all risks arising out of their participation in said CAMP. I/We, the parents/legal guardian of _____ consent to my son/daughter participating in this unique camping program and assume all risks and claims for damages of any nature or kind, which my/our child could receive by reason of accident or injury while attending said CAMP.

Girls Camp from **June 17** to **June 22**, and **Boys Camp** from **June 24** to **June 29**. The **CAMP NURSE, PHYSICIAN** and/or **LOCAL HOSPITAL** has my/our permission to treat the above named child in the event of an emergency.

I/We am interested in this program and its policies, regulations and schedule of activities. I/We am also agreeable for my/our child to be influenced by them and I/We will talk with him/her prior to CAMP and encourage him/her to take part in all activities and to cooperate with the STAFF. My/our son/daughter has my/our permission to take part in field trips, hikes, or other activities planned away from CAMP.

This is a overnight camp and requires child to stay at camp the entire six days.

I/We also understand that if my/our son's/daughter's behavior violates any of the CAMP's rules, the CAMP DIRECTOR has the right to dismiss my/our child from the program. It would then be my/our responsibility to provide transportation from the CAMP for my/our child.

In the event that an EMERGENCY arises I/ We the parents or legal guardians of the above named CADET can be reached at:

FATHER'S NAME: _____ **Home Ph.:** _____ **Work Ph.:** _____

ADDRESS: _____

MOTHER'S NAME: _____ **Home Ph.:** _____ **Work Ph.:** _____

ADDRESS: _____

CADET'S SWEAT SHIRT SIZE - **CIRCLE ONE (ADULT SIZES)** (XL) (L) (M) (S)

CADET'S TEE SHIRT SIZE - **CIRCLE ONE (ADULT SIZES)** (XL) (L) (M) (S)

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HOW MANY GUEST WILL BE ATTENDING THE GRADUATION?: _____

(PLEASE BRING ENOUGH LAWN CHAIRS TO GRADUATION FOR BOTH YOU AND YOUR GUESTS)

I/WE HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND
CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

**SIGNATURE OF PARENT or LEGAL GUARDIAN
MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Notary Seal

(THIS FORM MUST BE NOTARIZED AND RETURNED BY MAY 6th)

ENCLOSE A \$20.00 CHECK- PAYABLE TO: **CAMP CADET INC.**

(NOTE: PAYMENT IS NON-REFUNDABLE)

MAIL TO: CHARLES E. SHOEMAKER
720 COUDERSPORT PIKE
LOCK HAVEN, PA. 17745
PHONE: 570-748-8794