



Waiver Form 2018

Requested Camp: July 30 - Aug 3 (Ages 7 - 10) Aug 13 - 17 (Ages 5 - 8) Aug 27 - Aug 31 (Ages 5 - 8)

Requested Half Day Camp: Aug 7 - 10 (Ages 3 - 4) Aug 20 - 24 (Ages 3 - 4) am pm both

First Aid Policy

I (Parent/Guardian's name) _____
DO DO NOT give permission for staff of Camp ChAOS to administer first aid treatment to
(child's name) _____ as required.

Signed:

Date:

Off Site Permission

I (Parent/Guardian's name) _____ hereby give my
consent to allow (child's name) _____ to go off site with
supervision (eg. Gymnasium, playground, neighborhood walk, bus trip to zoo).

Signed:

Date:

Alternative Pickup Arrangments

I (Parent/Guardian's name) _____ hereby give permission
for Camp ChAOS to release (child's name) _____ to the following list
of people; (Please list full name and phone number of others picking up your child during the week of
camp).

Name & Phone Number of Alternate #1:

Name & Phone Number of Alternate #2:

Signed:

Date:

