

# Thompson Adventure Camp Authorization Form

Child's Name \_\_\_\_\_ Start Date: \_\_\_\_\_ Grade (in Fall) \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

## Hold Harmless Agreement/Release

I, the undersigned, hereby give my son/daughter permission to participate in all activities in the Explore the Trails Camp, including field trips. In addition, I will hold harmless the Town of Thompson, the Recreation Commission, its members, agents, directors, and employees for any liabilities that may occur as a result of participation in said program. Photos of my child may be used for promotional purposes. **I understand that full refunds minus a \$25 processing fee will be granted up to and including the first day my child attends camp and that no refunds may be granted afterwards for withdrawal or missed days.** I understand there is a \$20 fee for checks returned to TRC by the bank and all payments thereafter must be made in cash. I give permission for my child to be treated for medical emergency if I am unavailable.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Authorization for Release of a Child

Your child **will be released only to the parents or guardians listed during online registration and to those named below.** When the person arrives to pick up your child, he/she must show a picture I.D. to the staff on duty. Please include anyone who you may need to pick your child up in an emergency situation and make sure they understand the pick-up procedure and are prepared to present a picture I.D. The following people also have my permission to pick up my child from Thompson Recreation's Adventure Camp.

Name (other than parent)

Relationship to child

Phone

Three Names other than Parent/Guardian (please limit to 3)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Authorization for the Administration of Non-Prescription Topical Products by Camp Personnel

Instead of requiring each parent to supply sunscreen and/or insect repellent, we will be supplying these products at camp. We will be using **Bullfrog Mosquito Coast Sunblock with Insect Repellent.** If you wish for this product to be administered to your child at camp please complete and sign below. You also must apply the product to your child at least once before they can receive it at camp. I hereby request that the non-prescription topical product Bullfrog Mosquito Coast Sunblock with Insect Repellent be administered to my child by a staff member of Thompson Recreation's Summer Adventure Camp. This authorization is limited to the afore mentioned product. This product has been used on my child at least once before attending camp.

Area of Administration (examples: face; arms and legs only; etc.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Transportation Permission

Thompson Recreation provides transportation for children for before care, field trips, and is available to transport children for inclement weather that arrives at the park or for emergency that requires evacuation.

I grant permission for my child to be transported via school bus for the above purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Parent Handbook Acknowledgment

I acknowledge that I have read and comply with the procedures outlined in the **Parent Handbook** which may be found on-line or in the Recreation Office. I agree to review Camp Rules with my child prior to the first day of camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date