

This reflects my permission for my son/daughter to attend summer camp and participate in all activities, including off-site trips. My permission is also given to Camp Cedar Knolls to utilize any photo, video, or audio of my son/daughter for publicity or advertising purposes. In the event of illness or injury of my child while under supervision of Camp Cedar Knolls, I hereby authorize Camp Cedar Knolls to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, I understand that my family health insurance will provide primary coverage for such medical treatment and services. I understand every effort will be made to contact parent/guardian prior to medical treatment.

Signature of Parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



#### Code of Conduct

I have been informed that Camp Cedar Knolls has a "no tolerance policy". A Christ-like attitude and behavior is expected at all times. One behavior that will not be tolerated is bullying. Furthermore, I understand that Camp Cedar Knolls reserves the right to send anyone home who willfully disobeys camp rules or whose behavior towards others is unacceptable.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_