

# 2018 Summer Camp Permission Slip

Dear Parent or Guardian,  
Your child is invited to the Risen Youth Summer Camp on August 10<sup>th</sup>-13<sup>th</sup> at Waitts Lake Wa. Please read the information on this form, then sign and return the permission slip at the bottom of this form ASAP, no later than 8-09-2018

Camp Information:

Date: August 10-13

Location: 3362 Dr. Thompson Rd. Valley, Wa. 99181

Cost: \$75 which covers all food and lodging

Cash Credit Card or check payable to: The Altar with "Youth Camp" in the subject line.

Means of Transportation: Students will be taken by van/car driven by a youth leader

Leave the church around 10:00 AM on Friday the 10th, and arrive back at the church on Monday the 13th around 2 PM

*Save this part of the form for future reference.*

*Cut here----- Cut here*

*Sign this part of the form and return it to Danny Cleave (208) 819-5839*

\_\_\_\_\_ has permission to attend summer camp With the Altar's Risen Youth Group on August 10<sup>th</sup>-13<sup>th</sup>.

Enclosed, please find cash/check in the amount of \_\_\_\_\_ to cover the cost of the trip.

I give my permission for \_\_\_\_\_ to receive emergency medical treatment if needed, and will not hold the Altar Church or any staff liable in case of an accident.

In case of an emergency, please contact: \_\_\_\_\_

Special Instructions or medicines:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_