

Camp Victory Lake

Trip Permission Slip

| Camper Name: | |
|---|---|
| Date of Birth: | |
| Parent/Guardian Name: | |
| Phone Number: | |
| Email Address: | |
| | |
| Permission and Release: | |
| I, the undersigned, hereby give permission for my | child to attend trips as part of the summer camp |
| program. Please refer to trip schedule. I understar | nd that all safety precautions will be taken by the |
| camp staff. I acknowledge the inherent risks invol | lved in all activities and release the camp, staff, and |
| volunteers from liability for any injuries or incidents | that may occur. |
| | |
| I authorize the camp staff to seek emergency medic | cal care for my child if necessary. |
| | |
| Digital Signature Statement: | |
| By signing below, I acknowledge that this digital s | signature is legally binding and carries the same |
| force and effect as a handwritten signature. | |
| | |
| Parent/Guardian Signature: | Date: |