

RETURN COMPLETED FORM BY MAY 21ST

YMCA Camp Carson
2034 Outer Lake Road
Princeton, IN 47670

Camper Name _____

Camp Session(s) Date(s) _____

This form must be completed for each child attending the weekend program at camp.

PERMISSION TO LEAVE CAMP
FOR THE WEEKEND STAYOVER SATURDAY TRIP
TO HOLIDAY WORLD/SPLASHIN' SAFARI

I give my child permission to leave camp for the weekend stay-over trip to Holiday World and Splashin' Safari.

I understand that I am giving permission for my child to be transported to and from the theme park by a camp staff member as designated by the camp administration.

I also understand that my child will be supervised at the theme park by a camp staff member as designated by the camp administration.

I understand that the staff members will have copies of the camper health form and that in the event of a medical emergency, I have given permission for them to secure medical attention for my child.

Signature of Parent or Guardian

Please PRINT name clearly here

Date