



## ACKNOWLEDGMENT AND CONSENT CUB CREEK SCIENCE CAMP

Return by April 1 to: 16795 Hwy E, Rolla MO 65401.



Camper's Name: \_\_\_\_\_ Camp session attending: 1 2 3 4 5-6 7-8 9-10

**Permission is given to photograph or video tape** the above named camper involved in camp activities for advertising, promotional purposes, photo CD's and posting to our online photo album.

**Permission is given** to transport my child off facility in cases of medical necessity.

**Permission to obtain and administer medical treatment or medications** is granted to the Director of Health Care, or other medical personnel selected by Cub Creek as necessary. These medications may include but are not limited to: Benadryl, Betadine, Blistex, Calamine lotion, hydrocortisone cream, Immodium AD, Motrin, Neosporin, throat lozenges, sun block, sting ointment, Tums, Tylenol, Vaseline, Visine.

Camp operates with the highest safety standards. However, it does not assume liability for sickness, disease or accidents.

Cub Creek assumes no responsibility for loss or damage of personal property due to fire, theft, laundry or carelessness. It is recommended that campers not bring expensive clothing, cameras or other personal property to camp and that all personal property and clothing be labeled. Parents are responsible for damage of property due to acts by their child.

Cub Creek does not offer any refunds after May 1<sup>st</sup>. All tuition is considered earned in full by the camp if cancellation is not made by May 1<sup>st</sup>. We strongly encourage the purchase of camp tuition insurance which will reimburse your tuition cost in case of family or medical emergency. (See Parent Handbook.)

Cub Creek accepts all applicants who are willing to abide by the rules and policies of camp. However, at its sole discretion, we reserve the right to dismiss any camper, **without a refund of tuition**, whose behavior does not comply with camp rules or policies or is harmful to himself or others. This includes, but is not limited to; acts of violence (verbal or physical) the use of, or possession of, items on our "Do not pack list". **In all cases, parents will be notified of our decision and will be responsible for all travel expenses upon dismissal.**

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*If you have any concerns regarding these policies, please call out office at (573)458-2125*

I have read, understand and give my acknowledgment and consent to the above listed items.

**Signature of parent or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_