



Permission Slip Waiver

I _____, the parent of _____ ("my child"), give permission for my child to attend THE CHRISTIAN ACADEMY'S SHOOTING STARS SUMMER CAMP.

I understand that personal injury can and may occur to my child, and I hereby authorize **ANY TCA SHOOTING STARS STAFF**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release TCA'S SHOOTING STARS SUMMER CAMP, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by TCA'S SHOOTING STARS SUMMER CAMP, its employees and adult volunteers, while participating in and traveling to and from this event.

I give permission for the following field trips:

- **Franklin Institute: June 25th**
- **Booths Corner: July 2nd**
- **Oasis: July 9th**
- **Smith Memorial Playground: July 23rd**
- **Adventure Aquarium: July 30th**
- **Linvilla Orchards: August 11th**
- **Philadelphia Zoo: August 13th**

Emergency Contact

Name: _____ Number: _____

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of TCA'S SHOOTING STARS SUMMER CAMP, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree that the information stated above is correct and that the information may be distributed to leaders it may concern.

I agree and consent to all of the above stated.

➔ _____
(Parent Signature)

_____ (Date)