





213 E. Jimmie Leeds Road ♦ Galloway, NJ 08205 ♦ 609.404.4700 ♦ F 609.404.4711

## SUMMER CAMP 2014

### *EXPLORER CAMP OFF-SITE SWIMMING PERMISSION SLIP*

I have been informed by Children Academy of Galloway that my child, \_\_\_\_\_, may participate in water activities during summer camp in which a qualified staff will determine the suitability of the site at the time of each use.

I, the undersigned, have legal custody of the child named above, a minor, and have given my consent for him/her to attend swimming/water events being organized by Children Academy of Galloway.

I understand that there are inherent risks involved in swimming, and I hereby release Children Academy of Galloway, its staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Children Academy, I agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by Children Academy Staff.

My day time telephone numbers are:                      Work: \_\_\_\_\_                      Cell: \_\_\_\_\_

\_\_\_\_\_  
**Parent's Name (please print)**

\_\_\_\_\_  
**Parent's Signature**

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