

Parent Contract & Liability Waiver-2024
Koinonia YAS Camp

I give my permission for my child(ren) to participate in Koinonia YAS Camp.

I give my permission for my child(ren) to walk to and from Action Cove Playground from WNCC when accompanied by Camp Staff.

I give my child(ren) permission to walk to and from the West Newbury Food Mart & West Newbury Pizza Company when accompanied by Camp Staff.

I will submit a health record prior to attending and give my permission for my child(ren) to be treated at the nearest medical facility in case of emergency.

In case of injury to my child(ren) while they are participating in Koinonia YAS Camp. I hereby waive all claims against Koinonia YAS Camp, staff and West Newbury Congregational Church.

By signing, I also give my permission for my child(ren) to appear in any public photos /brochures of the camp or I will notify the director in writing if this is a problem.

I understand that the balance for each week's tuition is due in full by the beginning of each camp week. To receive the Early Bird Discount, the total payment must be received by June 1.

I agree to call the church office in the morning if my child(ren) will be absent from camp on any given day for any reason. I also agree to notify the director if I choose not to send my child(ren)k for any week for which they have previously registered. I understand that I will not receive my deposit back for that week.

I agree to keep the Koionia Camp staff informed as to changes in address, emergency phone numbers, medical and/or medication issues and any other changes that may affect the care and safety of my child(ren) while attending camp.

I have read the philosophy of WNCC and Koionia YAS Camp that is printed in the family handbook, and I understand the philosophy of this camp.

For Drama Week: I understand that if my child(ren) attends Drama Week, they are required to be available for the Friday night show. If they are not able to be available, the director must be informed on MONDAY.

Camper(s) Name _____

Parent Signature _____ Date _____

Print Parent Name _____