

CSB Battalion N Counter 2016

Friday April 29, 2016 – Sunday May 1, 2016
High Point Camp, Birdsboro PA

Individual Youth Permission Form

This form must be completed by each individual attending N-Counter. Due at Check-In.

I am a: ☐ Battalion Youth Member ☐ Visitor or Guest to N-Counter

CSB Unit # _____ Church Name, City and State _____

Your Last Name _____ First Name _____

Birth Date _____ Age _____

Street Address _____

City _____ State _____ ZIP _____

Telephone # _____ Email address _____

E-mail address of Parent or guardian if youth's is not available _____

Emergency Contact Information

Person's Name to Contact _____

Telephone # _____ Alt # _____

Relationship to Camper _____

Please include a list of any known allergies or medications below. Also include any health conditions requiring treatment, restrictions, or other accommodations.

I give permission for my son to participate in all weekend activities and to receive emergency treatment if necessary. I agree to release any and all claims which I may have against High Point Camp, CSB Delaware Valley, CSB Ministries and any medical personnel on account of any injury sustained by my child while at N Counter and agree that my child shall participate at his own risk.

I agree, on behalf of my child that his image or words can be included in any photographs and/or video publication used for promotional or other organizational purposes for CSB Ministries.

(Date) (Signature of Parent /Guardian of Minor Camper)