

Camp Northstar
Consent Form

CIT's Name: _____

This form may be signed by a parent(s), legal guardian, approved agency staff, or CIT if over the age of 18.

I/we the undersigned have received information regarding Camp Northstar and to the best of my knowledge and belief, the CIT is physically and mentally able to participate in Camp Northstar and I/we give permission for the above named CIT to participate in the Camp Northstar program.

Further I/we the undersigned do hereby authorize Camp Northstar that if a medical emergency should arise during the CITs participation in any Camp Northstar activity at a time when I/we am not personally present so as to be consulted regarding the CITs care, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization which Camp Northstar deems advisable in order to protect the CITs health and well-being. This consent is limited to routine medical care and emergency situations only.

I/we grant permission (both during and anytime after), to use the likeness, name, voice or words in either television, radio, film, newspapers, magazines and other media and in any form for the purpose of advertising or communicating the purposes and activities of Camp Northstar and/or applying for funds to support those purposes and activities.

Informed Consent Provided By:

Name: _____

Address: _____

Day Phone #: _____ Evening Phone #: _____

Relationship to CIT: ___Self ___Parent ___Legal guardian ___ Approved Agency Staff

Signature

Date

If form is signed by CIT then a witness signature is required.

Required Witness

Relationship to CIT

I hereby certify that I have reviewed this release with the CIT whose signature appears above. I'm satisfied based on this review that the CIT understands this release and agrees to its terms.