



**SEND TO: Trail Blazers  
250 W 57<sup>th</sup> Street, Room 1132  
New York, NY 10019**



**Spring Day Camp will be held on April 5<sup>th</sup> from 9-5 – during the spring recess break.**

- Camp is at 210 Deckertown Turnpike, Montague, NJ 07827
- We will have 100 FREE spots available for this day of excitement. Each camper must bring a bag lunch – Trail Blazers will provide refreshments and snacks.
- Children must be dropped off at camp for this day between 8.30 and 9. You will receive detailed information by email before the actual day.
- Sign up is on a first come first serve basis.
- Call 347-852-2131 for more information.

# SPRING DAY CAMP PERMISSION FORM

CHILD'S NAME \_\_\_\_\_ PARENTS/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: (We will communicate with you through email)

CHILD'S SCHOOL: \_\_\_\_\_ CHILD'S AGE \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS DAY: \_\_\_\_\_

## PLEASE READ THE FOLLOWING CAREFULLY AND SIGN:

1. I give consent for my child to attend the SPRING DAY CAMP at Trail Blazers on April 5th.
2. I give permission for my child to participate in all program activities, including but not limited to swimming, biking, hiking, fire building, outdoor exploration, outdoor cooking, arts and crafts , back packing and challenge course
3. Trail Blazer Camps is not responsible for lost, stolen, or damaged personal articles.
4. My child will follow all camp guidelines for standards of behavior. Noncompliance may involve appropriate disciplinary action, including possible dismissal.
5. Photographs and or video footage taken of participants at Trail Blazers may be used for publicity purposes.
6. The Trail Blazers Day program will operate under any weather circumstances. I will ensure that my child is dressed properly and prepared to take part in all activities.
7. I will pick up my child on time.
8. I understand that Trail Blazers will make every effort contact me in case of an emergency. In the event I cannot be reached and my emergency contact cannot be reached, Trail Blazer Camps has permission to secure proper medical treatment.
9. I agree that measures (including but not limited to hospitalization, anesthesia, surgery, or injections of medication) be instituted for my child without delay as judgment of medical personnel dictates.
10. I give permission to the physician selected by Trail Blazers' staff members to administer any medications, order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Trail Blazer's staff members to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named herein.
11. I understand and acknowledges that Trail Blazer Camps is released from liability for any injury, loss or damage connected in anyway with my child's participation in the Trail Blazer Day Camp Program. I understand that this release includes any claims based on negligence, action or inaction of Trail Blazer Camps, its staff, directors, members or guests.

PARENT/GUARDIAN'S  
SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- **PLEASE SEND TO OUR OFFICE ASAP OR FAX TO 212 529 2704**