CELEBRATE THE CHILDREN, INC.

Camper Fact Sheet

Camper's Name	Nickname
Grade in School	School Attending
	City, State
	Parent's email address
Leisure Time Activities	
Physical and/or mental disability	
	n considered a disciplinary problem?yesno
Do we have your permi	sion to administer medication during day camp?no
Name of Medication Times to be given	
to make his/her stay at	nformation about your child which would enable us ne camp more enjoyable. As a parent or guardian, ar child to day camp and what is your goal for your?
•	nt the day camp? Do you know other disabled efit from the day camp? If so, please give names and

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CELEBRATE THE CHILDREN, INC.

I/we hereby give my/our consent for my/our child to attend Celebrate the Children, Inc. Camp and participate in all activities. In consideration for the acceptance of the above named, I/we hereby release and waive any and all claim or cause of action which may occur against Celebrate the Children Inc., Camp or any employee, and any other person acting with the permission of Celebrate the Children, Inc. Camp arising out of any injury and /or loss to the person or property of such child during his/her stay at the Camp, in transit to and from said camp; or during any activity approved by any said persons, and I/we agree to assume all liability for any claims which said child in his/her personal capacity might have against any said persons for injury as herein stated. I consent for my child/our child to be photographed/videoed for use in proper interest of Celebrate the Children.

218111111111111111111111111111111111111	Pomoria Somiorani
Name	

Date

Celebrate the Children, Inc. selects children without regard to disability, sex, race, age, color, creed, religion, or national origin.

Celebrate the Children, Inc. 1807 Live Oak Commerce, Texas 75428 (903) 886-8365

Signature of parent/quardian

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