



SASDAC Youth Camp Consent Form

Where: Rocky Gap State Park

When: Friday, August 25, 2023 @ 12:00 P.M. to Sunday, August 27, 2023 @ 2:00 P.M.

Camp Cost: \$20.00 per person

Emergency Contact Information (Please print)

Parent Name: _____ Relation to Youth: _____

Phone Numbers: (Home) _____ (Cell) _____

Parent Email: _____

Emergency Contact (Name): _____ Relation to Youth: _____

Phone Number: (Home) _____ (Cell) _____

PERMISSION AND EMERGENCY TREATMENT RELEASE

I certify that (Child's name) _____ has my permission to attend the SASDAC Youth Camp on **August 25, 2023 to August 27, 2023** at Rocky Gap State Park. If my child breaks any rules I understand that I will be contacted to pick him/her up from Rocky Gap State Park. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Youth staff or designee to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. I also understand that I will not hold SASDAC or sponsors responsible for any accident, which might occur.

Parent's Signature: _____ Date: _____
(Signature of parent/guardian)

I also permit the use of photographs, video, and electronic images including my child in church materials, including the youth group's Facebook page and church resources.

Parent's Signature: _____ Date: _____
(Signature of parent/guardian)

Camp Contacts:

- Kala Jagga (240) 470-8165
- Robin Lall (240) 715-8879
- Anjali Christian (410) 660-6650



SASDAC Youth Camp Consent Form

Authorization for Consent to Medical Treatment of Minor Child

Child's Full Name: _____

Date of birth _____

Child's Physician (Name and Phone #) _____

Child's Allergies _____

Medications child is taking: _____

Important medical history _____

Primary Medical Insurance Carrier _____

Member's Name _____

ID# _____ Group # _____

Camp Rules

1. All youth must sign this sheet, indicating their agreement to these rules.
2. A signed parental permission slip is required to attend the camp and parents may be called to verify if there is doubt.
3. Special medication or required items should be indicated on the Medical Release form and given to the Chaperones.
4. Illegal drugs, alcohol, dangerous materials, and firearms are prohibited.
5. All camp participants must respect others' physical boundaries. Inappropriate behavior is not permitted and will NOT be TOLERATED!
6. Youth may not enter the tents of the opposite sex.
7. Lights out/quiet hours will be observed in these areas.
8. Be considerate and respectful of other participants and leaders.
9. Be respectful of the campgrounds.
10. Cell phone /iPod / gaming devices will be limited.
11. Violation of these rules will result in disciplinary action and may include the participant's parents being called to pick them up regardless of the hour.

Youth's Signature: _____ Date: _____



SASDAC Youth Camp Consent Form

Things to bring:

1. Clothing:

- a. T-Shirts
- b. Shorts
- c. Jeans or Long pants
- d. Underwear
- e. Swimwear & swimming shoes
- f. Socks
- g. Sweatshirt
- h. Sneakers, and hiking boots if available
- i. Sandals
- j. Long sleeve shirts, long underwear (in case of cold weather)
- k. Rain gear (poncho/rain jacket)
- l. PJ's/sleeping clothes

2. Sleeping Gear:

- a. Sleeping bag
- b. Ground pad
- c. Pillow

3. Toiletries and other Essential Items:

- a. Personal hygiene products: soap, washcloth, towel, shampoo, toothbrush/toothpaste, etc.
- b. Comb/brush
- c. Lotion/sunscreen/insect repellent
- d. Flashlight
- e. Bible
- f. Devotional
- g. Spending Money