



## SASDAC Youth Camp Permission Form



**Where:** Gunpowder Falls State Park, MD



**When:** August 15, 2025 @ 3 P.M. to August 17, 2025 @ 2:00 P.M.



**Cost:** \$20.00 per person



**Contacts:**

→ Kala Jagga (240) 470-8165

→ Nilesh Masih (240) 422-0249

→ Giftson James (240) 421-4545

→ Pr. Gerald Christo (301) 801-5314

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**Youth** (Full Name): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Emergency Contact Information (please print clearly)

**Parent/Guardian** (Name): \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**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 15, 2022 to August 17, 2022** at **Gunpowder Falls State Park**. If my child breaks any rules I understand that I will be contacted to pick him/her up from the 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of parent/guardian)



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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of parent/guardian)

### **Authorization for Consent to Medical Treatment of Minor Child**

Child's Full Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Child's Physician (Name/Phone #): \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Medical Insurance Carrier \_\_\_\_\_

Member's Name \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

### **Camp Rules and Youth Consent**

All Youth must sign this sheet, indicating their agreement to these rules, and signed permission is required to attend the camp.

- Illegal drugs, alcohol, dangerous materials, and firearms are prohibited.
- All camp participants must respect others' physical boundaries. Inappropriate behavior is not permitted and will NOT be TOLERATED!
- Youth may not enter the tents of the opposite sex.
- Lights out/quiet hours will be observed.
- Be considerate and respectful of other participants and leaders.
- Be respectful of the campgrounds.
- Cell Phone/ipod/gaming devices will be limited.
- Valuables such as watches and jewelry should not be brought to the camp, and are not the responsibility of Chaperones.

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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## **Camp Packing List:**

### 1. Clothing:

- T-Shirts, Shorts, Sweats
- Underclothes, socks
- Light jacket
- Swimwear & swimming shoes
- Sneakers, hiking boots
- Rain gear (poncho/rain jacket)
- PJ's/sleeping clothes

### 2. Sleeping Gear:

- Sleeping bag
- Ground pad
- Pillow/blanket

### 3. Other Essential Items:

- Personal hygiene products: soap, towel, toothbrush/toothpaste
- Sunscreen/insect repellent
- Flashlight
- Bible, Devotional
- Min Spending Money