

Parental Commitment to Transport

To be completed and submitted to camp upon arrival

I understand at any time during my child's stay at North Florida Council, Camp Shands Summer Camp Program I may be called on to transport my camper (youth or adult) from camp for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the camp management team. Furthermore, upon consultation with the camp management team I agree to pick up my participant within four (4) hours of being contacted, exception applies to further distance to camp. I will also provide a second level contact to be prepared for unforeseen circumstances.

Participant Name

Unit Number

Signed

Date

Primary Contact Name

Phone

Secondary Contact Name

Phone