



# 2015 T.E. PARENT FACT SHEET and PERMISSION FORM

I GIVE MY PERMISSION for my high school child to volunteer at Huron Forest Camp CedarRidge. I understand that this is a **TEAM ELIJAH** experience - an opportunity for young people to develop character qualities by working hard serving others.

## I UNDERSTAND THAT:

- my child is neither a camper nor "on staff."
- my child will receive room and board, and in-camp health services.
- transportation to and from camp is the family's responsibility.
- medical services/prescriptions by in-town doctors/pharmacy/hospital are to be covered by my family resources (including insurances).
- the camp **must have a completed Health History** on file for a child to participate in Team Elijah.
- **pick-up time for Team Elijah is at NOON Saturday afternoon.** (I understand that there are to be no early dismissals on Saturday. Should my child need to remain in-camp on the Saturday, beyond the end of their Team Elijah session, I will provide a written explanation and permission slip.)
- If my child will be in camp over the weekend before or after their week on Team Elijah, he/she will be part of the **"Stayover" program. There is a fee for this program.**
- If my child is accepted on Team Elijah, **we are counting on him/her to be on the Team during the session for which she/he applied.**

I further understand that the camp administration reserves the right to terminate the involvement in the program for my **TEAM ELIJAH** member, upon the administrations best judgment. I understand that at this point, I must then make immediate transportation arrangements home for my child.

TEAM ELIJAH Applicant's Name \_\_\_\_\_  
(Please print)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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My parent/guardian and I have read and discussed the TEAM ELIJAH policies set forth in this packet. I have been given their permission to apply.

TEAM ELIJAH applicant signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE send to:

Huron Forest Camp CedarRidge  
Team Elijah Placement Coordinator  
1154 W. River Road  
Oscoda, MI 48750

or scan and email to: [hawkeye@campcedarridge.org](mailto:hawkeye@campcedarridge.org)