

## **Parental Commitment to Transport**

### **To be completed and submitted to camp upon arrival**

I understand that any time during my child's stay at a Circle Ten Council 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 8 hours of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Unit Type & Number

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Secondary Contact Name

\_\_\_\_\_  
Phone