



# BRIGHTON GIRLS CAMP 2024 Signature Form

Stake \_\_\_\_\_

Ward \_\_\_\_\_

Camper \_\_\_\_\_

## Policy information and Consent: *(Please read and sign below.)*

My daughter and I acknowledge that we have read the “**Brighton Girls Camp Policies for Campers and Parents**” and that we agree to abide by polices as outlined. **We understand that failure to abide by safety and behavior policies may result in parent contact and picking up your daughter early from camp.**

- I understand that Brighton Girls Camp (BGC) provides a five-day program. Daily coming and going from camp is not permitted. I will plan for my daughter to attend the entire week, barring an emergency (*see Information and Policies*).
- If unable to attend after the fee has been paid, I understand that **NO REFUNDS** are given by BGC. If unable to attend on the week I registered, I may attend another week IF space is available and approval given by BGC Leadership.
- I understand that all campers must be able to provide “self-care” and manage their own prescriptions and medical conditions. BGC can provide basic first aid response. Staff are not licensed to administer prescription medications (including insulin injections) or oversee use of medical equipment. BGC provides a double-locked area for medications storage. I confirm that my daughter can manage her own health conditions and medications as needed at camp. If she requires more than basic first aid at camp, I understand she will be returned home to receive this care.
- **I acknowledge that there are no licensed medical staff residing at Brighton Girls Camp and Program Coordinators CANNOT be responsible for medical care outside of the ordinary needs.**
- In the event of a medical need, I authorize all BGC personnel to administer emergency treatment to the camper listed above for any accident or illness, and to act in my stead in approving urgent care. In the event of serious illness or injury, every attempt will be made to reach emergency contacts at the phone numbers provided on her registration. I give my permission to allow BGC to arrange transport if necessary and agree to send an adult family member to meet her at the facility.
- I give permission for appropriate photographs and/or video to be taken of my daughter while participating in program activities at BGC. These may be used for information and publicity for BGC.
- I give my permission for my daughter to participate in the activities at BGC, which include physically challenging activities including but not limited to hiking, rappelling, zip-line, and ropes courses. All campers are expected to participate in such activities as able. **I agree that participation in such activities is voluntary, and I assume all associated risks and accept personal responsibility for any injury or loss relating to my participation.**
- ALL campers are expected to remain with and manage themselves in group settings. Brighton staff cannot provide one-on-one attention for campers with certain behavioral or developmental needs. Please contact our medical committee member to discuss if specific needs are appropriate for BGC.
- **I have read and agree to abide by the guidelines outlined in the “For the Strength of Youth” pamphlet.**

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

BISHOP OR YW PRESIDENT Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your signature is an acknowledgement that this young woman will be participating in Brighton Girls Camp. If you have any concerns or pertinent information to discuss, please contact Brighton Girls Camp as soon as possible.*