



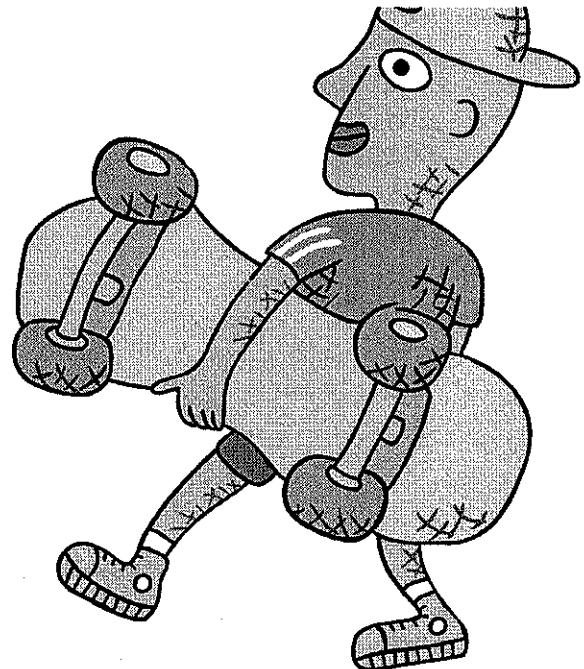
Summer youth camp age 7-12 years old

**Aug 11-15 2008
Monday – Friday
9:00 am-3:00 pm**

At Adams Lake Band Hall

**For more information call
250-679-7726**

Must register, see registration



RE: ALIB Summer Camp – August 11-15, 2008

I, _____
(Parent Signature)

Give permission for: _____ age

To participate in the **Alib Summer Camp** held at the Adams lake Hall (Chase, BC) from **August 11-15, 2008 – from 9:00 am – 3:00 pm**

I understand that all attention and care will be provided to my child while in supervision of the Summer Camp staff. I hereby release the Adams Lake Band from liability.

In case of emergency please contact: _____,

Physical address: _____, Telephone # _____.

Health Care Card Number: _____ **and list any allergies** in case of emergency: the staff of Adams Lake Band can and will ensure that medical attention is provided.

1. _____
2. _____

I agree it is my responsibility to drop off my child at 9:00 am and shall pick up at 3:00 pm.

I give permission to Adams Lake Band staff to take pictures and recording of events that take place, to publicize programs of our organization. If I do not agree then I will provide in writing to the Adams Lake Band staff. Drop off your registration at the Sexqeltqin Health Centre or Switsemalph.

Sincerely,

(Parent/Guardian Signature)

Any comments: