



# Guidelines for Youth Groups Attending Texas Lions Camp Workdays

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## *WHEN THE FOLLOWING ARE TRUE FOR A YOUTH GROUP:*

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- 1) Group is staying overnight at Texas Lions Camp, and
- 2) When Children being supervised (parents are not present) out-number the adults in the group

## *THE FOLLOWING POLICIES WILL APPLY:*

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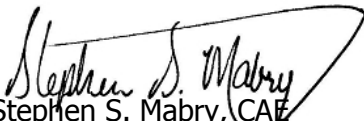
- 1) Children must have a signed parental permission form to attend, and it must be readily available to the Camp
- 2) Emergency contact information must be available to the Camp
- 3) Permission to treat in the case of a medical emergency must be available to the Camp
- 4) Prior to arrival, sponsors must provide to the CEO a written supervision schedule and plan in order to demonstrate how appropriate, constant adult supervision by at least two (2) adults per ten (10) children will be maintained throughout the visit.

*Even when the preceding items are not true, Lions are encouraged to complete the following when accepting responsibility for someone else's minor children;*

- 1) Have emergency contact information
- 2) Permission to treat in the event of emergency
- 3) Ensure 24 hour adult supervision, by at least two responsible adults.

For questions or further clarification of these guidelines, please don't hesitate to contact me.

Sincerely yours,

  
Stephen S. Mabry, CAE  
Chief Executive Officer

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# Parent/Legal Guardian Agreement

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_

*PLEASE READ THIS DOCUMENT CAREFULLY  
AND SIGN BELOW.*

## *Consent to Attend & Participate*

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Texas Lions Camp, Inc. (hereinafter also identified as the Camp). I understand that my child (ward) will participate in both indoor and outdoor work activities. I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's (ward's) participation in the Camp's programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and the Camp's use of same in camp publications or publicity that is in the proper interest of the Camp.

## *Authorization For Care*

I hereby grant permission to, and request and authorize all physicians, nurses and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

## *Financial Responsibility*

I understand and confirm that I am responsible for the total charges incurred for medical care or services rendered to or on behalf of my child (ward).

## *Emergency Contact Information*

In the event of an emergency involving my child (ward), I hereby authorize the Camp to contact the following person to report details of such emergency on behalf of my child (ward).

|                            |                     |  |
|----------------------------|---------------------|--|
| Name of Emergency Contact: | Relation to Camper: | Emergency Contact's Home Phone:<br>(     ) |
|                            |                     | Emergency Contact's Cell Phone:<br>(     ) |

## *Release, Hold Harmless & Indemnity Agreement*

I **RELEASE, HOLD HARMLESS** and hereby agree to **INDEMNIFY** the Camp, its agents, servants, employees and/or volunteers from any and all liability, claims, causes of action or suits, for the loss or damage of property, or for injury to, or the death of, my child (ward) or others, for damages, losses, expenses, attorney fees, or costs of whatever nature sustained by me, my child (ward) or others, which may arise out of, or in connection with, my child's (ward's) use or occupancy of the Camp's premises or participation in Camp activities or programs, regardless of the nature or extent of such injuries, damages, costs, expenses, attorney fees or losses, or whether such injuries, damages, costs, expenses, attorney fees or losses are caused in whole or in part by the negligence or sole negligence of the Camp, its agents, servants, employees and/or volunteers, or caused in part by the negligence of the League, its agents, servants, employees and/or volunteers and the Harmless, and Indemnity Agreement is to be construed broadly, but it does not serve to release or waive claims or causes of action to which my child (ward) may be entitled due to personal injury.

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# PLEASE RETURN THIS FORM TO THE CAMP

CLUB NAME \_\_\_\_\_ DISTRICT \_\_\_\_\_

PLEASE CHOOSE YOUR WORK DAY - March 1st \_\_\_\_\_ April 5<sup>th</sup> \_\_\_\_\_ May 3rd \_\_\_\_\_

DO YOU PLAN TO ARRIVE - FRIDAY \_\_\_ SATURDAY \_\_\_ TIME \_\_\_\_\_

NUMBER OF PEOPLE STAYING AT CAMP: MALES \_\_\_\_\_ FEMALES \_\_\_\_\_

NUMBER OF PEOPLE FOR MEALS: BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_

## CONTACT PERSON:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: W \_\_\_\_\_ H \_\_\_\_\_

## CLUB PRESIDENT:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

To make the work day pleasant for all that attend, please tell us the number of workers who have **limited activity** levels: Lifting \_\_\_ Outdoor Heat or Cold \_\_\_ Yard work \_\_\_ Walking \_\_\_ Tree clearing \_\_\_ Climbing \_\_\_ Other \_\_\_\_\_

How many of those attending have the skills or knowledge of the following and can bring the needed equipment?

Welding \_\_\_ Carpentry \_\_\_ Electrical \_\_\_ Painting \_\_\_ Exterminating \_\_\_ Air Conditioning \_\_\_

Equipment we may need:

Chain Saws \_\_\_ Edgers \_\_\_ Rakes \_\_\_ Limb Loppers \_\_\_ Shovels \_\_\_ Hedge Trimmers \_\_\_

Commercial paint spray rig \_\_\_ Commercial pressure washer \_\_\_

Please add other skills or available equipment that are not listed:

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