

Gloucester Museum School Project Adventure Summer Camp
Permission Forms

Camp (circle one): Junior Sea Adventure Sea Rock Camp CIT training

Session(s): 1 2 3 4

Camper Name: _____

I, _____, give permission for my child _____ to participate in all regularly scheduled activities arriving and departing by program vehicle, boat or contracted bus and acknowledge that I understand that GMS Project Adventure is a travelling camp program and my child will be visiting a number of outdoor locations within Essex County Massachusetts.

I, _____, give permission for my child _____ to go swimming at the local beaches and shore line. I understand that my son/daughter will be supervised by camp staff as well as a Red Cross/YMCA certified staff lifeguard.

Parent Handbook Receipt:

I, acknowledge I have received and reviewed the Gloucester Museum School Summer Parent Policies on line at www.gmscamp.org.

I understand and agree to abide by the policies that have been established by GMS.

Parent/Guardian Signature

Date:

Please email me if you have any questions at: joanne@gmscamp.org

or francesca@gmscamp.org