



KIMBALL CAMP YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

4502 Berlin Drive Reading MI 49274
PH 517-283-2168 Fax 517-283-3759
office@kimballcamp.com www.kimballcamp.com

During your child's week at camp they will be going on an out of camp trip, Therefore, we need the following permission slip signed.

I understand that my child, _____, will be participating in an out of camp trip during his/her stay at Kimball Camp. I further understand that during any out of camp trip, the Health Record I have completed and given to Kimball Camp will accompany this letter. In the case of an emergency, authorization for emergency treatment of the above child is transferred to the adult in charge of this trip.

Signature of parent/guardian: _____ Date: _____

"Where Your Feet May Leave But Your Heart Never Does"

Summer and Winter Camps, Year-Round Retreat Center, Outdoor Education, Leadership Development



A Give Where you Live Agency