

**ST. JOHN'S ARMENIAN CHURCH  
HYE CAMP 2008  
August 3 – AUGUST 10, 2008**

I hereby give my permission for \_\_\_\_\_ to travel to and from Hye Camp in Ingleside, Illinois. I understand that my child(ren) will be traveling by Coach to and from Ingleside, Illinois. I will assume all liability for any accident or illness which might occur during the course of this activity. I also give my permission for my child(ren) to be treated by a physician or hospital should the need arise.

X \_\_\_\_\_

(Parent/Guardian)

In case of emergency, please contact \_\_\_\_\_

Phone \_\_\_\_\_

2<sup>nd</sup> Contact person \_\_\_\_\_

(Name/Relation)

Phone \_\_\_\_\_

Please attach a copy of your health insurance card.