



CAMP SNOWBALL VOLUNTEER
OFF-SITE ACTIVITY CONSENT FORM

**THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT / GUARDIAN OF
ANY CAMP SNOWBALL VOLUNTEER UNDER THE AGE OF 18.**

I give permission for my son/daughter, _____, to participate in the following off-site activities while volunteering in the Camp Snowball Program:

The Camp Snowball bowling trip to Pin Street at Warwick, S. Rte 94, Warwick, New York

I understand that my son/daughter will be transported in a 15-passenger van or the Warwick Center's mini bus. This trip is conducted by Camp Warwick and meets all regulations stipulated by the Orange County Board of Health. I fully understand and acknowledge that there are risks involved with any activity and by granting my son/daughter permission to attend, I assume and accept all risks associated with this activity and release The Warwick Center, Inc./Camp Warwick and its employees from any liability associated with these risks.

Parent/Guardian Name (print)

Parent/Guardian Name Signature

Date