

DIRECTORS  
RICHARD MOSS  
STEPHANIE MOSS  
MONTY MOSS



A TRADITIONAL  
SUMMER CAMP FOR  
BOYS & GIRLS  
AGES 7-16

## PARENT AUTHORIZATION

Please complete this form and return to camp at the summer address or fax.

1. I request that my child, whose name appears on the application be enrolled in Camp Lenox for summer programs 2010.
2. My child has no physical or emotional problems which may be aggravated by the community life at Camp Lenox unless noted in writing.
3. The health history is correct as far as I know, and the person herein described has permission to engage in all planned activities, except as noted on this application by me or an examining physician.
4. In the event I cannot be reached in an emergency, I hereby give permission to camp physicians to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named below.

Participant's Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

WINTER ADDRESS **CAMP LENOX PO. BOX 75-9900 CORAL SPRINGS, FL 33075 TEL 954-340-6634 FAX 954-340-8282**  
SUMMER ADDRESS **CAMP LENOX 2042 N. MAIN ROAD LEE, MA 01238 TEL 413-243-2223 FAX 413-243-3446**



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