



Richmond Centre for Disability

Summer Camp (July 7 to August 22, 2014) Parental Consent Form

(For Volunteer under 15 years old ONLY)

Volunteer's Name: _____

Parent/Guardian's Name: _____

Relationship to Volunteer: _____

Contact Telephone No.: _____

I, parent or guardian of aforementioned volunteer, am hereby giving my consent and accepting full knowledge that my child will be volunteering at the Richmond Centre for Disability's (RCD) 2014 Summer Camp for Children with Special Needs, as the Summer Camp Volunteer with a duty to assist with camp activities and facilitate participation of children in various planned activities.

I understand that the RCD summer camp is specifically designed for children with special needs.

I am aware and willing to support the volunteering schedule signed up by my child.

I assure that my child will abide by the policies and regulations of the RCD and show reasonable responsibility towards the tasks assigned to him/her.

Signature of Parent or Guardian: _____

Date: _____