adopted: 5/14/2020

National Japanese American United Methodist Caucus (NJAUMC)

Youth Camping Ministries: "Virtual Camp" Consent Form

In light of the current situation with COVID-19, our NJAUMC summer camps will be conducted virtually via a NJAUMC Camping Board owned Zoom account. Trained volunteer camp counselors and adult leaders will be present in all gatherings with campers.

Parents or Guardians: this form must be filled out, signed and returned to the Camp Registrar in order for your youth to participate in the "Virtual Camp" format for 2020.

I understand and give my permission for the following:

- I agree to allow my child to access the video conferencing platform "Zoom" via camera and audio connection
- I understand that login and password information will be provided to both parent and child in advance and only invited participants, counselors and adult staff will be allowed access.
- I understand that a minimum of two leaders will be present in small group meetings for safety and security purposes
- I understand that some online sessions may be recorded for educational and archival purposes and these recordings will be kept securely for internal compliance review.
- All recordings will be owned by the NJAUMC Camping Board and will not be published online without permission (photo release signature)
- The NJAUMC Camping Board can enforce removal of any unauthorized photos or recordings from any outside individuals or parties.
- I agree to review the code of conduct guidelines with my youth. I understand that inappropriate or disrespectful behavior may result in dismissal from the camp.

Virtual Camp Consent Required

Youth Name (please print): _____ Date of Birth _____

Parent/Guardian: In signing this document, I give my permission for my youth to participate in the NJAUMC virtual camp format for: (please check one below)

_____ Jr. High Camp. _____Asian Camp. _____ Alpha Omega Retreat

_____ _____

Parent/Guardian's Name (please print (youth under 18 years of age or adult 18 years and older)

Relationship to Youth (or "self " if 18 years or older)

_____ _____

Parent/Guardian's Name (signature)

Date

Please provide email contact information to send meeting link and password

Youth Email _____ Parent Email _____

(to verify signature, please scan document OR take a picture of document and return with registration papers)