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Date: 25th July, 2025

No. C.P.S/222/Adm

CIRCULAR

Subject: Parental Consent Required for Upcoming Summer Camp

Dear Parents/Guardians,

We are delighted to inform you that our school is organizing a Summer Camp aimed at promoting holistic development, creativity, and teamwork among students through a wide range of fun-filled and educational activities for all classes from 5th to 12th.

Camp Schedule:

- For Boys: 14th to 16th August 2025
- For Girls: 16th to 18th August 2025
- Camp Fee: ₹3200 per student
- Eligibility students from 5th to 12th

Participation in the Summer Camp is purely optional and left entirely to the discretion of the parents and the child.

To confirm your child's participation, we kindly request you to submit a signed consent form along with the camp fee to the designated nodal officer.

- Last Date for Submission: 2nd August 2025
- Nodal Officer: Mr. Irfan Ali Bader (Contact No. 70068 04934)
- "The process of obtaining permission from the concerned quarters takes its own course of time; therefore, no forms shall be entertained after the specified deadline."

Your timely cooperation will help us organize the event smoothly. We look forward to your support in making this Summer Camp a joyful and enriching experience for your ward.

Please note that participation in the Summer Camp is purely optional. The parents/ students who are interested in attending the camp may submit a signed consent form along with the camp charges to the designated nodal officer.

Encl.: - (Consent Form
one leave)


25072025
Administrative Officer
Crescent Public School

Copy to:

1. CEO & Principal (Dean Academics) CPS for information.
2. All Form teachers for information and broadcast it among the student community.
3. Office file for record and reference.



Summer Camp – Parental Consent Form

(Optional Participation – For Interested Students Only)

Camper Information

Full Name: _____ Age: _____

Gender: _____ Address: _____

Grade/Class: _____ Roll No. _____

Parent/Guardian Information

Full Name: _____ Relationship to Camper: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Emergency Contact (other than above)

Full Name: _____ Relationship to Camper: _____

Phone Number: _____ Alternate Phone Number: _____

Medical Information

Allergies: _____ Chronic Conditions: _____

Medications: _____ Dietary Restrictions: _____

Physician's Name: _____ Physician's Contact: _____

Activity Consent

I hereby grant permission for my child to participate in various camp activities, including but not limited to:

- Swimming
- Games and Sports
- Creative Workshops
- Outdoor Adventures

☐ I agree to my child's participation in the above activities.

Medical Consent

I authorize the camp staff to provide basic first aid to my child and, if necessary, obtain emergency medical care. I understand that I will be notified at the earliest in case of an emergency.

Liability Waiver

I understand that camp activities may involve certain risks. I release and hold harmless the school, staff, and affiliated personnel from any liability for injury or loss, except in cases of gross negligence or willful misconduct.

Media Release

Please check one:

☐ I grant permission for photos/videos of my child to be taken during camp for promotional/educational use.

☐ I do not grant permission for any media coverage involving my child.

Signatures

Parent/Guardian Signature: _____

Date: _____

