



Intensive  
Therapeutics INC.

70 Darlington Drive  
Wayne, NJ 07470  
973-771-1582

## CONSENT TO ATTEND CAMP

I, \_\_\_\_\_, PARENT/LEGAL GUARDIAN, give  
(Circle one)

permission for, \_\_\_\_\_ to attend Camp Leaps and  
(Child's Name)

Bounds from \_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child