



CYSC HARASSMENT POLICY VERIFICATION FORM

I, _____,
(please print your name)

(check one)

- A counselor serving CYSC
- A staff person serving CYSC
- An adult volunteer serving CYSC
- A parent/guardian of a camper
- A camper (Grades 6-12)

have received a copy of the CYSC Harassment Policy 4116.15

I understand that it is necessary that any complaint of harassment must be filed with the Camp Director. I have had the opportunity to read the policy and am confident I understand the content and purpose.

your signature

date