



**Springfield College Camp Massasoit  
263 Alden Street  
Springfield, MA 01109-3797  
Close-Contact Agreement**

Addendum:

Parent, Please Note: You may print, initial, and sign the document and then scan it and save it as a PDF or you may enter digitized versions of your actual initials and signature in the appropriate fields and save the file. **Typed initials and typed signatures cannot be accepted.**

**Please initial each statement below.**

\_\_\_\_\_ I understand that my child will not be required to wear a mask unless they choose to wear one or if they are indoors. I also understand that my child will be near other children who are not required to wear a mask, unless they are indoors.

**If you agree to the above, sign here:**

By signing this I the parent/guardian hereby attest that I have careful read this form and understand its contents, and agree to its terms and conditions.

\_\_\_\_\_  
Parent/Guardian Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A copy of this document will be retained by the Camp Massasoit office.**