

# SUMMER DAY CAMP PERMISSION FORM

Age \_\_\_\_\_

Parent \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Participant Information

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPATION & PHOTO/VIDEO RELEASE AUTHORIZATION