

TRI-CITIES FAMILY YMCA - DAY CAMP PERMISSION FORMS

1. Swimming Permission

I give permission for my child, _____, to swim with the Tri-Cities Family YMCA Summer Day Camp.

Parent/Guardian Signature

Date

2. Sunscreen Permission

I give permission for the Tri-Cities Family YMCA Summer Day Camps to apply sunscreen to my child, _____.

Parent/Guardian Signature

Date

3. Field Trip Permission

I give permission for my child, _____ to participate in field trips with the Tri-Cities Family YMCA Summer Day Camps.

Parent/Guardian Signature

Date

4. Consent to use name, photograph and created works

I, the undersigned, being over 18 years of age, give permission for the name, photograph and/or created works of my child, _____ to be published by the media. This may include publications used by the Tri-Cities Family YMCA to promote its programs.

Parent/Guardian Signature

Date

5. Health Care Authorization

This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in camp activities, except as noted above. In the event of an emergency, if I am unable or cannot be reached, I hereby give permission for the Tri-Cities Family YMCA, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment for the camper named above, while attending the summer day camp program.

Parent/Guardian Signature

Date