



SUMMER DAY CAMP PERMISSION FORM

Camp: _____

Student's Name: _____

Age at time of camp: _____

Parent or Legal Guardian: _____

Emergency Contact: Name _____ Phone _____

Alternate Emergency Contact: Name _____ Phone _____

****Please notify the camp director or Educational Outreach of any specific health issues or allergies that we should be aware of.

As legal parent or guardian, my child listed above has my permission to fully participate in this WCU day camp. I understand that if there are any special needs or medical issues, I will convey those to the camp staff as necessary.

Signature of Parent or Guardian

Date

PARTICIPATION & PHOTO/VIDEO RELEASE AUTHORIZATION

By signing the line below, I hereby authorize Western Carolina University and its employees to utilize my child's photographic image for publication purposes (i.e. health careers manual, press release, newsletters, program brochures, etc). In giving my consent, I hereby release WCU from any and all liability or responsibility associated with this publication. I understand that I will receive no compensation should any photograph of me be used.

Signature of Parent or Guardian

Date