



## Parent/Guardian Permission Statement

### **REGISTRATION CANNOT BE MADE WITHOUT SIGNATURE**

I give my full permission for my child to attend and participate in all phases of the camp activities. My child may be treated by camp staff for minor ailments and by a physician when deemed necessary. Therefore, during my absence, I authorize the Five Mile Camp staff to seek any emergency, outpatient, medical, or surgical treatment that the camp staff or physician, the emergency room physicians, and/or medical staff from the local hospital may deem necessary.

I give permission to the school to release my immunization chart, medical records and a copy of our insurance card (if available).

My child has permission to participate in horses, zipline, ropes course, bounce houses, or any other activities offered by Five Mile Camp.

## Media Release

I hereby grant permission for my child to be videotaped and/or photographed while participating in programs and activities at Five Mile Camp. It is my understanding the videotaping and photographs will be used for educational, training, and promotional purposes only.

Student Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Name (Signature):  
\_\_\_\_\_

Date: \_\_\_\_\_