**PARENT RELEASE & AUTHORIZATION – LSHS BAND CAMP 2022**

**AUTHORIZATION FOR RELEASE:**

My Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

In case of injury, parents or the emergency contact person will be called immediately for their decision on medical treatment.

If parents or the emergency contact person is not available, we will use of best judgement as to what course of action to pursue and will continue to attempt contact. The camp or LSHS Bands will not be responsible for costs incurred as the result or illness or injury. Parents should notify camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

I understand my child will be sent home is their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in anyway by the group leadership.

I understand my child may be participating in camp activities that may include boating, swimming, and hayride. I understand that there may be inherent risks in these activities.

If my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by group leadership.

I also give my permission for my swimming child to be photographed or videotaped to all the LSHS Bands to release said pictures for publicity purposes.

In the event that I am not able to pick up my child, she/he may be released only to the following people:

Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_