

13 – 18 Campout Permission Slip

The Ygnacio Wood Swim Team 13 – 18 Campout will be held at Lake Camanche campgrounds. We will leave on Saturday, June 26, 2016 after the swim meet from the Ygnacio Wood Swim Club. Be sure to have eaten lunch or bring a bag lunch. Some cars may stop for lunch/snack to and/or from the campout so please be prepared with a small amount of money. We will return on Monday, June 28th. Activities may include but are not limited to swimming, waterskiing, tubing, or wake boarding.

Please provide the following information:

Name of Child: _____ DOB : _____

Medical Provider: _____ Phone: _____ Policy/Group# _____

Parent/Guardian #1 Name: _____ Cell phone#: _____

Parent/Guardian #2 Name: _____ Cell phone#: _____

Are you allergic or sensitive to any food, drugs, bee-stings, or have any other conditions that we should be aware of? _____

Any specific health needs or concerns? _____

Are any prescription medications being taken? _____

All swimmers are prohibited from bringing or using illegal drugs or alcohol during this event and must adhere to all other rules and by-laws of the Ygnacio Wood Swim Team during the course of this activity. If the need arises, I give my permission for the chaperones to search through my child's backpack/belongings.

AUTHORIZATION TO TREAT MINOR AND RELEASE OF LIABILITY

I am the parent and/or legal guardian of the minor listed above. I grant permission for the child to participate in the activities described above. I hereby authorize and consent to any emergency medical care that may be deemed necessary by a physician or other licensed health care practitioner during the course of this outing. I assume full financial responsibility and agree to pay all expenses of such care that are not covered by applicable insurance. I hereby also agree to hold any of the Ygnacio Wood Swim Club (dba Ygnacio Wood Swim Team) and any Swim Team Parent Chaperones or the Swim Team Board or anyone involved with the 2016 Ygnacio Wood Campout harmless for any and all liability, action, cause of action, consent for medical treatment of any kind, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with his/her participation in the arranged activities. The terms shall serve as a release and assumption from all risk and liability, known or unknown, or anticipated arising from the giving of any consent here under for my child. Reasonable efforts will be made to reach parents prior to consent of medical treatment.

Executed at _____ California on _____

Parent/Guardian Signature: _____

Name (please print): _____
