

## Permission Slip

I, \_\_\_\_\_, hereby GIVE permission for my child(ren), \_\_\_\_\_ to participate in all camp activities: including off-site programs and camp trips.

Parent / Guardian's Signature

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

### Permission Slip – For Kayaking/Paddle Boarding

This activity is provided for age groups of 8 and up only. Your signature on the following permission statement is required for your child to participate in kayaking or paddle boarding. Be assured that all required safety equipment, including life jackets, will be provided and that your child will be closely supervised. Any camper over the age of 8 must have this portion of the permission slip completed.

I, \_\_\_\_\_, state that my child, \_\_\_\_\_  
Has permission to participate in kayaking/paddle boarding as part of the camp activities.

Parent / Guardian's Signature:

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

### Photo Release

The purpose for this is for flyers, the camp website, camp advertisements and any other publicity for the camp. Names will not be used and photographs will only be used for camp purposes.

\_\_\_\_\_ I give permission for my child to be photographed by Hampton Racquet.

\_\_\_\_\_ I do not give permission for my child to be photographed by Hampton Racquet.

Parent / Guardian's Signature:

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

### Sun Block Release

\_\_\_\_\_ I give permission for sunblock to be applied to my child by counselors at camp.

\_\_\_\_\_ I do not give permission for sunblock to be applied to my child by counselors at camp.

**Pick up Permission**

I, \_\_\_\_\_ give permission to

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

to pick up my child/children \_\_\_\_\_  
from camp.

\_\_\_\_\_  
(Parent Signature)

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

**Bus Transportation Form**

I, \_\_\_\_\_ would like my child \_\_\_\_\_  
(print parent name) ( child's name)

to take the Hampton Racquet shuttle to / from camp  
(circle one/or both)

- ALWAYS \_\_\_\_\_
- AM/PM ONLY \_\_\_\_\_
- DATES \_\_\_\_\_

\*Central pick up locations are TBD

Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_