Spring Break Youth Camp Authorization Form
Douglas College 2019

Participants Name:_____ DOB:_____

Program Name:_____ Date:_____

Medical Issues, If any_____

Safety Policy:
All participants must be walked to their program, and signed in and out every day by an authorized person. Children 12years of age or older can be granted the authority to sign in/out themselves by their legal guardian.

Please identify authorized person(s) that can sign out your child in the space provided below.
(Authorized person(s) must be over 18 years of age)

Name:_____ Relationship to the child:_____

Name:_____ Relationship to the child:_____

Name:_____ Relationship to the child:_____

Emergency contact Information:

Last name:_____ First Name:_____

Home phone:_____ Cell phone:_____

Authorization Agreement:

> **AWARENESS OF RISK:** I hereby approve my child's attendance in the Douglas College Youth Program and certify that he/she is in good health and able to participate in the program activities. I authorize that the instructors and directors act for me according to their best judgment in any emergency requiring medical attention. I waive and release all rights and claims that arise out of traveling to, participating in, or returning from the program. I understand and am aware of the associated risks with participation within such a program. **Initial:**_____
>
> **AWARENESS OF BEHAVIOR:** I understand that Douglas College Youth Programs have a "No-Bullying" policy in effect, and any evidence of such behavior will likely result in my child being asked to leave the program. **Initial:**_____
>
> **RELEASE WAIVER:** I understand that photos/video footage may be taken to promote future Douglas College Youth programs either as print or internet media. I give full authorization to Douglas College to utilize photos/video footage and acknowledge that no compensation of any sort shall be received. **Initial:**_____

☐ YES, my child is 12 years of age or older, and I grant him/her the authority to sign him/herself out.

I acknowledge and understand that Douglas College has established rules and regulations pertaining to program safety, and I have read and understand the camp safety policy. By checking off the box I am giving my child permission to sign in and out from camp. I, the parent or guardian, understand that Douglas College is not responsible for my child until they have signed in and is not responsible for my child once they have signed out.

By signing below you agree to the above statements:

Guardian's Name:_____ Signature: _____Date:_____

Please give this form to the program instructor on the first day of camp. Do not fax or email this form.