

Camp Christmas Permission and Media Release Form

Name of Student: _____ Age _____ Grade _____

Name of Parent: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Are there any medical, physical, or cognitive conditions that the youth ministry team needs to be aware of, such as allergies, seizures, physical limitations, etc.? Yes No. **If yes**, please describe conditions and any appropriate guidelines for our volunteers.

Please **INITIAL** all appropriate items:

_____ I give my child permission to participate in Camp Christmas on Saturday, January 7, 2023, from 5:00 pm to 10:00 pm.

_____ I give permission for my child to be photographed or recorded on video during *Camp Christmas*. By initialing I provide consent for their image to be used in either print, electronic or video form for the promotional purpose of future activities.

_____ I give my child permission to walk home from St. Anthony's Church at the close of the camp. Please note that your child will not be released *before 10:00 pm* unless we have verification from you of this change.

_____ I give my child permission to be picked up at 10:00 pm at the close of the camp by the following person(s) other than myself:

Name of Alternate Pickup: _____

Signature of Parent/Legal guardian:

_____ Date: _____