

This document must be completed by a legal guardian.

GUARDIAN'S NAME:			DATE	
CONTACT #:	EMAIL:			
**ADDRESS:				
CHILD'S NAME: ALLERGIES:		AGE:	GRADE:	
CHILD'S NAME: ALLERGIES:			GRADE:	
CHILD'S NAME: ALLERGIES:		AGE:	GRADE:	
Is there anything that may i			ls at a certain pace?	
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EMERGENCY CONTACT:		PHONE	≣:	
ALT. EMERGENCY CONTAC	DT:	PHONE	≣:	
I authorize my child(s) listed a camp. I commit to supporting their professional and person classes and give my child ins	my child in everything he al development. I permit	e or she learns to he Youth Empowerme	lp ensure total success in	
I authorize Youth Empowerment and shoot videos of the activition and photos may be placed on	ties and workshops invol	ving my child during	each session. These videos	
Signature:		Date:_		

**REQUIREMENT:** Each potential camper **MUST** be a willing participant. Therefore, a ONE MINUTE video must be sent to youthempowermentvillage@gmail.com of the student explaining why this program will be of benefit to them.