

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:		GRADE:	
CHILD'S NAME:	AGE:	GRADE:	
Is there anything that may impair your child's le	arning of the protoco	ls at a certain pace?	
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EMERGENCY CONTACT:	PHONE	B;	
ALT. EMERGENCY CONTACT:	PHONE	<u>:</u>	
I authorize my child listed above to fully participate in a commit to supporting my child in everything he or supporting my child in everything he or supportessional and personal development. I permit You and give my child instructions on all topics listed in participations.	she learns to help ensu outh Empowerment Vil	re total success in their	
I authorize Youth Empowerment Village and From t and shoot videos of the activities and workshops inv and photos may be placed on our website, periodical	olving my child during	each session. These videos	
Signature:	Date:_		

**REQUIREMENT:** Each potential camper **MUST** be a willing participant. It is important that the students sees the benefit of them attending this camp and desires transformation.