

US/YDGA Camas/Washougal- Summer CAMPS 2021

Permission Slip, Waiver & Sign-up Sheet

Name of Student (Please Print) _____

Name of Parent/Guardian (Please Print) _____

I, the undersigned parent or guardian, of the above, named student, give my permission for my child to Participate, in the US/YDGA Disc Golf Summer Camp, at Hartwood Park with Coach Andy Boyle.

Date & times: June 12th through June 16th. 9am – 12pm everyday.

Medical Information and Release

Special health problems concerning your student should be noted – if none, please write “none”, describe any condition with particularity, including any medications or other instructions: USE OTHER SIDE IF NEEDED.

List those who are cleared to pick up your child: _____

In the event of a medical emergency, I hereby authorize the coach/chaperone attending to my student at this camp, to secure medical attention or hospitalization for my child.

My child's physician is: _____, Phone # _____

My phone numbers are: _____

Alternative emergency contact: _____

I understand the US/YDGA does not provide medical insurance for my child for purposes of these camps, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my student that are not covered by insurance. I agree to hold harmless the US/YDGA and any of its constituents, for any reason what so ever, during these camps.

I have read the foregoing information, verifying its accuracy, and agree to the statements made above:

X _____ Date: _____

Parent/Guardian Signature Date Signed

Return all pages of this signed slip to your Coach on the first day of practice. Please include payment details. For late sign up - call or text Coach Andy at 314-677-9985.

My camp payment is with this form and turned in on the first day of practice **Yes / No**

My camp payment was paid online at www.usydga.com **Yes / No**

I have arranged for multiple partial payments. Describe

If no, please explain _____

Checks payable to US/YDGA

* Photos *Optional* - My child, _____, has my permission to participate in the photo opportunities at any US/YDGA Disc Golf related camps. These photos will be used for 3 purposes: 1st - as a gift to parents who want to print photos of their child, for free, 2nd - to create team photos that US/YDGA will post on our site to show team involvement, 3rd - some photos will be highlighted in promotional material related to future school events, camps & programs. All photos taken by US/YDGA staff or program parents.

*Student name _____

*Grade _____ *Male/Female (circle one)

We will NOT release your child to anyone who is not listed above. Please pickup on time.

Comments: _____

X _____ Date: _____

Parent/Guardian Signature Date Signed