**PARENT APPROVAL FORM FOR SUMMER LEADERSHIP CAMP**





**Event Name:** SummerLeadership Camp **Location:** Camp Carter YMCA Forth Worth

**Address:** 6200 Sand Springs Road Fort Worth, TX 76114

**Date of receiving Permission Paper:** 4/23/2013

**Due date to turn in Permission Paper:** 4/25/2013

**Date of Event:** 6/1/2013 - 6/5/2013(Boys), 6/5/13 – 6/9/13 (Girls)

**Fee:** $200

*Payment may be made in two installments. First payment needs to be done by May 1st, 2013.*

**Transportation:** HSA-GP will not provide any transportation**.** Parents need to drop off at 6:00pm on June 1st for boys and June 5th for girls and pick up their child from the Camp Carter YMCA Fort Worth at 9:00 am on June 5th for boys and on June 9th for girls.

Due to limited spaces, first come first serve will apply.

Please turn this permission slip in to the front office. Also don’t forget to fill out the release forms for the activities; otherwise you will not be able to attend.

*Contacts (During camping)*

*Salim Joldoshov: 469-263-0870*

*Hakan Kabakci: 817-823-6537*

*John Ozdil: 773-251-3925*

*Seref Yagli: 972 999 5022*

If you have any question, please contact Mr.Ozdil by email, cozdil@harmonytx.org.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student’s name) pledge to abide by all district policies of the Harmony Science Academy District handbook. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

(Student Signature) Grade/Section:

We (I), the parent (s)/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understands and agree that the trip /camp is a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

This is to certify that my child has my permission to go on the field trip/camp listed with this group. I read and understood first page of this form. By signing this form parent(s) give(s) consent to his/her child to take the transportation provided by school or teacher. Means of transportation could be any public, rental or private vehicles driven by an adult.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) Date

 Emergency Medical Release Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company/Policy/Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Known Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Additional Medical Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

Please fill this page out and have your child to return it to the front office.

\*Parent approval may not be obtained by telephone.

