

YMCA OF GREATER PITTSBURGH – SOUTH HILLS YMCA

PARENT OR GUARDIAN RELEASE FORMS

In case of emergency: If the parents or guardians cannot be reached, please contact:

NAME RELATIONSHIP PHONE NUMBER

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In the event that I cannot be reached IN AN EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named here:

CHILD'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

I hereby permit the YMCA Camp AIM to release information regarding my child's progress in camp and information supplied by me on the camp registration form. This information will be given to mental health staff and educational staff upon request. The purpose of providing this information is to insure continuous and coordinated effort by all professional staff working with your child in a variety of settings.

CHILD'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

Throughout our program, we will be having special events for your child. We would like to have your permission to photograph your child participating in his/her group activities. Please sign this release form if you will allow your child to be photographed.

CHILD'S NAME

DATE SIGNATURE OF PARENT OR LEGAL GUARDIAN

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PARENT OR GUARDIAN RELEASE FORMS (continued)

I hereby give permission for my child to take part in **swimming activities** at Camp AIM.

CHILD'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

I give permission for my child's picture to be taken and released to the press for **media and newspaper coverage**.

CHILD'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

I give permission for my child to attend camp related **field trips off of camp premises** (prior to each field trip, the counselor will notify parents of destination).

CHILD' NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

***PLEASE NOTE THAT CAMP AIM DOES NOT PROVIDE LUNCHES. PLEASE SEND IN A LUNCH DAILY FOR YOUR CHILD.**