

Phantom Lake YMCA Inc
Volunteer Participation
Parent Permission

EVENT: _____

DATE: _____

NAME _____

ADDRESS _____

EMAIL: _____

AGE ____ GRADE ____ Affiliation to Camp _____

EMERGENCY PHONE # _____

EMERGENCY CONTACT _____

I hereby give permission for my son/daughter to participate in this Phantom Lake YMCA Inc. event. I agree to hold Phantom Lake YMCA Camp harmless in case of illness, accident or injury and that our family insurance will cover medical expenses. I give Phantom Lake YMCA Camp permission to treat in case of an emergency. Phantom Lake YMCA Camp has my permission to use any photographs taken of my child in its annual camp promotion.

Parent/Guardian PRINT _____

Parent/Guardian Signature _____

Date _____

Please mail directly to Phantom Lake YMCA Camp S110 W30240 YMCA Camp Road Mukwonago, WI 53149 or fax 262-363-4351 prior to the event