

SUMMER CAMP PARENT PERMISSION SLIP 2020



Mahogany Youth Corporation
Mailing Address 1060 NW 85 St, Miami FL 33150
(305) 603-7451

WWW.MAHOGANYOUTH.COM

Email address: info@mahoganyoutdoors.com

Give a child a fish and feed him for a day. Teach a child to fish and feed him for a lifetime.

Please Print:

Youth's Name _____ Phone # _____ DOB _____

Address _____

I, _____ do hereby give my permission for my son/daughter _____

(Sign name and Print Parent's/Guardian's name)

, to participate in Mahogany Youth Corporation Summer Camp program. (Print Youth's name)

Parent: Printed Name _____

Address _____ City _____ St _____ Zip code _____

Home Phone # _____ Work# _____ Cell Phone # _____

Parent Email _____

Youth's Current Grade _____ School _____ Student Email _____

Primary Care Physician _____ Phone # _____

Prescribed Medication: Name of Drug _____ Dosage _____

Known Allergies: (please state all) _____ Date of Last Tetanus Shot _____

Does the child have health insurance? (Y/N) Insurance information: Company _____

Group # _____ Subscriber ID # _____

I can volunteer _____ Other Support for this program _____

(Classroom, Fishing, Chaperone, Events) (Donation, Phone Calls, Grant Writing, Sponsorship)

If parent/guardian cannot be reached in case of emergency, please call:

Name _____ Phone # _____ Relationship _____

I understand that most of this camp will be administered in a virtual environment online and by mobile technology. There may be times that I will be invited to bring my child to an in person event practicing safe distancing. I agree to bring and stay with my child during those events to insure that all covid protocols are followed..

I release Mahogany Youth Corporation (MYC), and the sponsors of this program from liability for any accident that may occur during the event, or while traveling to, from, and during youth trips. It is my understanding that these trips and activities are approved by the organization and will be appropriately chaperoned by adult leaders, counselors and parents. Additionally, in the event that my child becomes ill or sustains an injury during one of these trips, I give my permission to those in charge to take the necessary steps in administering proper medical treatment. In the event that I cannot be reached by phone, I consent to the administration of treatment to be rendered to my child upon the advice of a duty-licensed physician and/or surgeon. I understand that I am giving permission for my child to engage in these trips and all activities; and I will not hold the staff, MYC, or sponsors responsible for any incident occurring to my child resulting from reasonable activities during these events. Permission is granted to Mahogany Outdoors, MYC, Bass Pro Shops and www.mahoganyyouth.com on behalf of my child to use either still photographs, video or voice only on video or audio tape of myself for educational, informational and advertising/promotional purposes as its nominee deemed fit. I hereby release said company and its nominee from any payment and or/compensation and all liability in connection with said uses and purposes. I give my permission for you to feed my child with the following exceptions

My child requires the following special accommodations

I acknowledge my child will be taking the "Hooked on Fishing Not on Drugs Pledge." "I pledge that I am "Hooked on Fishing-Not on Drugs." Fishing is a fun activity that I can do with my friends and family. I can

even use fishing as an outlet to work out my problems so I won't turn to drugs. I promise to say no to drugs." I give permission for you to request my child's school performance records and grades to support their success in school and I understand that participation in your field trips and events are based on behavior and grades.

Signature of Parent or Guardian
Relationship

Date