



Character Camp Permission Slip

FORM MUST BE COMPLETED FOR ACCEPTANCE TO CAMP

School Name: _____

Teacher: _____ Grade/Room #: _____

Date school will attend Character Camp: _____

Students will depart from school at: _____ and return to school: _____

A bag lunch (with drink) is required for this trip. **(No Glass Items)** Please clearly mark your child's lunch bag with their name and room number. Please dress your child according to weather; we will be outside all day.

Return this form by: _____

PLEASE PRINT CLEARLY

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I hereby give permission for my child _____
(Student's Full Name)
to attend Character Camp with the above mentioned school.

Parent/Guardian: _____ Date: _____
(Signature)

My signature above assigns and grants Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child this date by Learning for Life, and I hereby release Learning for Life from any and all liability from such use and publication.

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