



PARENTAL PERMISSION FORM
CAYCE CHARACTER CAMP

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_
Street Address: \_\_\_\_\_ Participant's Primary Phone Number: \_\_\_\_\_
City, State & Zip: \_\_\_\_\_ Email or Text Number: \_\_\_\_\_

I give permission for my child (named above) to attend \_\_\_\_\_ with the \_\_\_\_\_ as noted:
I further give permission for my child to be transported to and from the CAYCE CHARACTER CAMP by Lexington Transportation \_\_\_\_\_.

Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s) Parent(s)/Guardian(s) Primary Phone Number
Street Address Parent(s)/Guardian(s) Secondary Phone Number
City State Zip Parent(s)/Guardian(s) Email address

Other Emergency Contact(s)

Name (1): Relationship to Participant: Name (1) Phone

TEE SHIRT SIZE (Circle One): (Youth Small) (Youth Medium) (Youth Large) (Small) (Medium) (Large) (XL) (XXL)

MEDICAL ISSUES

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

**\*\*NOTE\*\* IF YOU CHILD IS ASKED TO LEAVE THE CAMP FOR DISCIPLINE REASONS HE/SHE WILL NOT BE PERMITTED TO RETURN TO THE CAMP AND NO REFUND WILL BE GIVEN.**

**\*\*NOTE\*\*IN CASE OF A SERIOUS MEDICAL EMERGENCY YOU WILL BE CONTACTED IMMEDIATELY. BASED UPON THE SEVERITY OF THE INCIDENT DETERMINATION WILL BE MADE ON IF THE CHILD NEEDS TO BE TRANSPORTED BY EMS. A CAYCE OFFICER WILL STAY WITH YOUR CHILD UNTIL YOU ARRIVE. YOU WILL NEED TO ARRIVE IN A TIMELY MANNER.**