

Ascension

Summer Camp

Parent Permission For After School Activities on the Premises

I give permission for my child _____ to
(child's names)
be signed out by the below named person for _____ on
(activity name)

Monday Tuesday Wednesday Thursday Friday
(circle all days that apply)

During summer camp at Ascension.

Time child will leave summer camp:

Time child will return to summer camp:

(if not returning, please note)

Authorized Person : _____
(name of person(s) picking up)

Dates the activity will take place: _____

I understand and hereby release and save harmless Ascension staff and program from any and all liability for any injuries, loss or other claims arising or resulting from the extracurricular activity my child will be participating in, affiliated with, or at Ascension School while in Ascension's Child Care service.

Parent's Signature: _____ Date: _____