

SEAS camp 2.0 release form

I give permission for my child (grade) _____ to participate in the SEAS CKRS Camp 2.0. This camp will take place at CKRS. Run by Lauren Picerno and John Emmons.

Please indicate session one or session two: _____

Parent name and phone numbers:

Emergency Contact information in case you cannot be reached :

I assume all risks and accept personal responsibility for any damages or losses because of injury, loss, or property. I release, waive, and discharge SEAS CKRS Camp and directors of the camp. As a parent of this registered student, I have read this statement and give my child permission to participate.

(Parent signature) _____

Please send all inquiries to Lpicerno@ckrs.org . Please return registration forms to Lauren Picerno at CKRS grade 3-2 .