



Summer Camp

Caleb Mitchell, Executive Director

PARENTAL PERMISSION FORM

Student's Name: _____ **Age:** _____

Permission for Enrollment and Release of EERS from Liability:

I give my child permission to participate in East Lake Education Resource Services (EERS) Summer Camp Program. Therefore, in exchange for the EERS Summer Camp allowing my child to participate in EERS Summer Camp activities, I understand and expressly acknowledge that I release the EERS Summer Camp and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in EERS Summer Camp activities whether on or off the EERS Summer Camp premises. I understand that this release includes any claims based on negligence, action or inaction of the EERS Summer Camp, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I hereby grant permission for my child to participate in all activities provided by the Pinellas County Area EERS Summer Camp and permit photographs during activities to be used by the EERS Summer Camp.

Photo Release:

I give permission for photographs of my child to be used by the EERS Summer Camp for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for use of the photographs. I acknowledge that EERS sometimes takes large group photos/videos that may include my child. I understand the EERS Summer Camp will not identify my child(ren) by name in the picture.

Waiver & Release

In consideration of gaining membership and/or my child being allowed to participate in the activities and programs of the EERS Summer Camp and its facilities, including but not limited to camp locations or field trip locations, and to use its said facilities, equipment, and machinery in addition to the payment of any fee or change, I do hereby waive, forever discharge and covenant not to sue the EERS Summer Camp and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting from my child's participation in any activities or use of equipment or use of equipment or machinery in the above mentioned facilities, or in any activities at said facilities.

I agree to adhere to all policies set by the EERS Summer Camp

Signature of Parent or Legal Guardian

Student Name

Phone # _____ **Date** _____

EERS Summer Camp Application

Dear Parents,

East Lake Educational Resource Services (EERS) is offering a Summer Camp program in your area. This program will run on **Mondays - Friday from 9:30 am – 2:30 pm, for an eight week period.**

If you are interested in your child participating, please fill out the bottom section of this notice and return it to school or EERS Summer Camp as soon as possible.

Participant Name:

I give permission for my child (named above) to attend the EERS Summer Camp on Mondays - Fridays from 9:30 am – 2:30 pm. Following the camp, your child must be picked up at 2:30 pm at the front entrance. Transportation is not provided to and from home.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Numbers

Phone Type
(Home, Mobile, etc.)

Name(s)

Street Address

City

State

Zip

Parent(s)/Guardian(s) Email address(es)

Best Email address(es) to reach Parent(s)/ Guardian(s)

FREE!

EERS SUMMER CAMP



COMING SOON!

CALEB MITCHELL, EXECUTIVE DIRECTOR
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