

## 2021 Summer Camp Caleb Mitchell, Executive Director

## **PARENTAL PERMISSION FORM**

Student's Name:	Age:
Permission for Enrollment and F	•
	ipate in East Lake Education Resource Services despressly acknowledge that I release the EERS and
	or any injury, loss, or damage connected in any way
whatsoever to participation in EER	
any claims based on negligence, a members, and guests. I have read release. I now grant permission for	RS' premises. I understand that this release includes ction, or inaction of the EERS, staff, directors, and am voluntarily signing this authorization and my child to participate in all activities provided by ing activities to be used by the EERS.
Photo Release:	
	be used by the EERS for promotional and
	t my child or I will receive any compensation of any nowledge that EERS sometimes takes large group
	child. I understand the EERS will not identify my
child(ren) by name in the picture.	
Waiver & Release	
• • • • •	the activities and programs of the EERS. I do now
	It to sue the EERS and its officers, agents, ators, and all others from any responsibilities, liability,
	les resulting from my child's participation in any
activities or use of equipment or se	ervice of equipment or machinery in the facilities
mentioned above, or in any activition	es at said facilities.
I agree to adhere to all policies se	t by the EERS 2020 - 2021
Signature of Parent or Legal Gua	ardian
Student Name	
Phone # Date	

## **EERS 2021 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 June 14 - July 23, 2021 Mondays - Friday from 9:30 am - 2:30 pm, for a six-week period. Cost of camp will be \$150 for a six-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 2021 Mondays - Fridays from 9:30 an between 2:30 pm – 3:00 pm at the from	n – 2:30 pm. Followin	g the camp, your child mu	st be picked up
Signature of Parent or Legal Guardian	Printed nan	ne of Parent or Guardian	Date
EMER	RGENCY 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)		

