

Celebrating 60 years

**eliminating racism
empowering women
ywca**

4601 Corona Drive • Corpus Christi, TX 78411
(361) 857-5661 • Fax (361) 857-0254
www.ywca.org/corpuschristi

Parent Release Form

Student Name _____

Date: _____

Parental Responsibility

For this Camp, I acknowledge and accept the responsibility to have my child at meeting site on time and will pick them up on time.

_____ *(Initial if agree)*

Water Activities

My child may participate in water activities. I understand that a LIFEGUARD will be on duty while my child is in the pool.

_____ YES

_____ NO *(Please Initial)*

Photograph release

I consent and authorize the YWCA to reproduce photographs or video of my child for advertising and publicity purposes of every description. (We may be filming some of our special activities throughout the week for publications.)

_____ YES

_____ NO *(Please Initial)*

Medical Release

I do hereby authorize the YWCA to seek medical treatment for my child in the event that I am unreachable and in case of an emergency need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be the best able to serve my child's need, further; I understand that I am totally responsible for any expense associated with such treatment. The safety of my child is always the YWCA's number one concern. I understand that every effort will be made to contact me or the person who is designated by me as soon as practical after such an occurrence. I hereby agree not to sue the YWCA if my child is injured in any manner while participating in said program. I will hold the YWCA and its staff harmless from all monetary damages, including punitive damages, imposed by any legal action related to any injury my child may receive while participating in said program. I understand that by signing this I give up all rights to take legal action against YWCA or its staff.

Parent Signature

Date

Phone number

Phone number