

Stevens Point Area YMCA – Camp Glacier Hollow
SCHOOL GROUP: PARENT/GUARDIAN CONSENT/RELEASE FORM

School Group: _____

Program Date: _____

_____*P/G Initials* I hereby certify that my child is in good health and capable of safe participation, and can participate in YMCA Camp Glacier Hollow activities which may include: canoeing/kayaking/boating, swimming, hiking, archery, sling shots, group team building, sports, fishing, and other related camp activities.

_____*P/G Initials* I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA and Camp Glacier Hollow, its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

Student Name _____ **Grade** _____ **Teachers Name** _____

Parent/Guardian Name(s) _____ **Address** _____

Home Phone(s) _____ **Other Phone(s)** _____

Signature of Parent/Guardian _____ **Date** _____

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