



Parental Consent and Student Information Form

Student's Name _____

School Name _____

Address _____

City _____ State _____ Zip _____

I, The undersigned parent or legal guardian of the above named student, hereby acknowledge that I have been made aware of the Outdoor Education Program to be conducted from under the auspices of Camp Carter YMCA and the Fort Worth Metropolitan YMCA and the school listed above.

I understand that:

- The educational program will consist of standard academic studies plus extracurricular activities.
- All normal school policies and Board of Education policies, including those related to disciplinary actions, will be enforced and in effect at all times.
- My child will be transported to and from Camp Carter by designated authorized school bus transportation.
- Camp Carter staff, teachers, parents and/or adult volunteers supervise and instruct all programs.
- I give my permission to the YMCA of Metropolitan Fort Worth to use photographs, film footage, or tape recordings, which may include my image or voice for the purposes of promoting or interpreting YMCA programs for no compensation.

After reading the above, I hereby agree to hold harmless the YMCA officers, directors and employees from any and all claims, damages or liabilities for personal injuries or property damage, loss/theft, of personal items or articles of any nature whatsoever, arising out of or in any way connected with the use of YMCA facilities by me or any authorized user, or any guest thereof, regardless of the cause of any such claim, damage or liability.

Medical treatment is authorized for the applicant in the case of an emergency.

Signature of Parent/Guardian _____ Date _____

Work phone of above _____

Home phone _____

Other emergency contact _____ Phone _____

E-mail _____

(Your email address may be included in YMCA Camp Carter notices about our programs and upcoming events. YMCA Camp Carter does not share email addresses with any other groups.)

MEDICAL INFORMATION:

Allergies: _____

Activity Restrictions: _____

Dietary Restrictions: _____

Other comments: _____