

# UAF Youth Adventure Camps

## PARENT AUTHORIZATION/CONSENT FORM

Child's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### If not available in an emergency, please notify:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

### Authorized pick-up people are: (including parents)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

In the event of any emergency and someone not listed must pick up your child, **please call the SRC 474-5886 and inform the DIRECTOR.** Please do not send anyone to pick up your child whom your child will not recognize.

### Authorization for my child to walk/bike home

My child has permission to leave the UAF Youth Adventure Camp site and walk/bike home without adult supervision. I understand that UAF and its staff are not responsible for my child's safety after this time. Walkers/ bikers are not to leave the SRC before 4:00pm unless a signed note has been sent by the parent.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Field Trip Consent

I/We give permission for my/our child to attend camp and participate in all phases of the UAF Recreational Camp program including off-campus field trips when they apply. Weekly field trips include climbing, canoeing, kayaking, hiking as well as the transportation to and from those sites. I understand that the staff will exercise reasonable care to ensure my child's safety. Adults accompanying the group will provide supervision and will exercise reasonable care to avoid accidents. By signing below I am granting my child permission to attend weekly field trips and agree to the terms discussed above.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Parent's/Guardian's Consent

I/We have read and understand the information presented in this packet. **I/We are aware and understand that the activities included during the UAF Youth Adventure Camps (including climbing, hiking, rafting, and other activities) involve inherent risks and may result in personal injury or death.** I/We agree to cooperate with all camp procedures and regulations. My/Our child may be photographed and pictures released for publicity. I/we are fully informed about the risks associated with participation in the activities and consent to our child's participation in the UAF Youth Adventure Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_