

**Permission and Transportation Release Statement
Capitol Youth Chorale Summer Music Camp 2020**

Parental Permission

I _____ hereby grant my child _____

Permission to attend the Capitol Youth Chorale Summer Camp, and release the camp directors, CYC Officers, CYC Staff, and Instructors, of any and all liability connected with his/her attendance. CYC may use any camp photos that include by child in the memory book or any marketing materials.

I have completed the Health Statement/Questionnaire and Code of Conduct (CIT's only) to be submitted with this application. I further give permission for my child to participate in all camp activities while at Fort Flagler Capitol Youth Chorale Summer Camp.

Signed _____ Date _____
(Parent/Guardian)

Camper check-in is from noon to 1:00 on Monday July 06, 2020 the start of camp.

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My child will be transported from camp after the closing campfire on Saturday evening, July 11, 2020 by:

Campers'
Parent/Guardian _____

Phone Number _____ Cell number _____

OR:

I release by child to be transported by:

Name _____

Phone Number _____ Cell number _____

Signed _____ **date** _____
(Parent/Guardian)