



Education Division  
Permission Slip  
Spring Break 2022  
Grades 6<sup>th</sup>-12<sup>th</sup>

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

**Acceptance Participation:**

I hereby give permission for my child to participate in all activities regarding Youth Services, and travel in vehicles operated by the Tulalip Tribes Youth Service staff, by public transit, and/or private transportation companies.

I give my permission for my child to participate in: (Please initial where applicable)  
Youth Services' 6<sup>th</sup>-12<sup>th</sup> grade Spring Break Camp 2022

Parent Initial \_\_\_\_\_

I and my child understand that this is a drug and alcohol free event. We understand there will be NO BACKPACKS, PURSES, OR BAGS permitted on the trip with no exceptions unless deemed necessary.

Parent Initial \_\_\_\_\_ Youth Initials \_\_\_\_\_

I and my child understand the Tulalip Tribes, Employees, and Volunteers will not be held liable for any injury or illness contracted as a result of participating in tournaments and/or travel.

Parent Initial \_\_\_\_\_ Youth Initials \_\_\_\_\_

**MUST FILL OUT FLYING SQUIRREL YOUTH WAIVER ONLINE** Youth who do not have one completed at the time of arrival at park will not be permitted to join in activities of the day.

<https://flyingsquirrelsports.us/everett-washington/>

Online waiver filled out? Parent Initial \_\_\_\_\_

**Medical Treatment:**

I hereby give permission that my child may be given emergency treatment, including first aid and CPR, by staff members of the Tulalip Tribes Youth Service Staff. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

In event I cannot be contacted, I further authorize and consent to the medical, surgical and hospital care treatment and procedures to be performed for my child by a license physician or hospital selected by the Tulalip Tribes Youth Service Manager when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I certify (or declare) that I am the parent or legal guardian of the above-named child and that I have authority to authorize such activities and actions.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Alt. # \_\_\_\_\_

Medical/Food allergy notes:  
\_\_\_\_\_  
\_\_\_\_\_