



Education Division
Permission Slip
Summer Camp 2022
Grades 6th-12th

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' 6th-12th grade Summer 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:

Please rate participants swimming abilities 1-5: Circle one

1 cannot swim, 2, 3, 4, 5 strong swimmer