Register ONLINE at www.cyccamp.com

**FILL IN BELOW if under 18 & parent not attending to give permission to a trusted guardian who will be attending the Camp with the Attendee:**

**Sponsor Medical Permission Slip**

I/We, the undersigned, as the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of child) do give my permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to authorize

any first aid or medical care for him/her that is deemed necessary in case of an

emergency during the Camp Ladore Youth Weekend.

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_

***Please send a copy of your medical insurance card with the sponsor.***

***Please note any known allergies or medical conditions requiring treatment.***