Fly St. Pete
Summer Camp Permission Form

Name of Participant: _____
Name of Parent/Legal Guardian: _____
Address: _____
Phone: (c): _____ **(w):** _____

PHOTO RELEASE

I understand that Fly St. Pete takes photographs of activities. I understand that occasionally, photographs are released only to legitimate news and marketing organizations for the purpose of supporting public relations, future attendance and program viability. I hereby give and grant my permission for my child's presence and participation in Fly St. Pete summer camp program and give and grant my consent to such photography and release of such photographs.

Parent/Legal Guardian Signature _____

Please initial:

1. **I give permission for my child to ride in the vehicles designated by Fly St. Pete for any trips for summer day camp.** ____ ____
   Yes No
2. **I give permission for my child to ride in the aircraft designated by Fly St. Pete for any trips for summer day camp.** ____ ____
   Yes No

List the following individuals that you give permission to pick up your child. Your child will not be released to anyone not listed below. Anyone picking up your child will be asked to show photo ID.

Name	Relationship
_____	_____
_____	_____
_____	_____

1. **List 2 emergency contacts.**

Name_____ **Relationship**_____

Address_____

Phone: (h) _____**(c)** _____ **(w)** _____

Name_____ **Relationship**_____

Address_____

Phone: (h) _____**(c)** _____ **(w)** _____

_____ _____
Parent/Legal Guardian Print Name **Date**

_____ _____
Parent/Legal Guardian Signature **Date**