



**PERMISSION FORM
For
FIT CAMP**

By signing up for FIT Camp your child will be participating exercise activities and has no limitations on participation in these activities: If there are limitations please list; _____

This class is held at the (Please check one)

- Lincoln Board of Education
- West Hamlin Elementary
- Midway Elementary
- Gilbert Site- LJHCC

Please check if you agree in case of emergency

- I give permission for the teacher/escort in charge to act on my behalf to take measures they deem necessary in the event of sickness or injury during the camp. I agree to pay for any medical expenses for my son/daughter whose name appears above.

Please check one: I hereby give my permission for my child's picture and name to appear on the Lincoln Primary Care Center Website or media in conjunction with FIT CAMP news and events.

- Yes
- No

I give my permission for _____ (Childs Name) to participate in the Lincoln Primary Care Center FIT Camp in collaboration with the Larry Joe Harless Community Center.

Parent/Guardian's Signature

Date

Printed Parent Name