



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Permission Slip for YMCA Camp St. Croix Work Weekend

I _____ give my permission for _____
Parent/Guardian Camper/Participant
to participate in the YMCA Camp St. Croix Work Weekend on _____
Date

Signature

Phone Number

Emergency Contact 1: _____
Name

Phone Number

Emergency Contact 2: _____
Name

Phone Number