



I grant my permission for my child

to participate in the BowDoc Archery Lock-in the night of Saturday, June 16th, following the Pizza Party and Movie Night.

Permission forms must be turned in by Thursday, June 14th.

My child will not be permitted to act in a manner deemed unacceptable by BowDoc staff or the adult chaperones that will be attending.

My signature below also gives permission for my child to watch PG/PG-13 movies during the movie night/lock-in. My signature below also gives BowDoc Archery permission to take photos and record videos of my child during the event and use them to help promote the BowDoc Archery's JOAD program.

My child will be picked up by 9am, Sunday, June 17th.

Phone: _____

Parent/Guardian Signature: _____

Date: _____

Parent Cell: _____

Parent Alt Phone: _____

MEDICAL RELEASE INFORMATION

Name: _____

Address: _____

Contact: _____

Main Phone Number Alt Phone Number In the event of an emergency where medical attention is required, I hereby grant permission to the library staff to obtain services from a licensed physician.

Parent/Guardian Signature: _____

Date: _____