



Extracurricular Permission Form

2017 Summer

Please use this form to indicate permission for your child to leave the supervision of the licensed summer day camp program in order to participate in extracurricular activities (i.e. scout troops, clubs, summer school and/or music classes, sports practice, etc.). This form must be signed and dated by a parent/guardian and received by the office before permission to attend will be granted. **Please indicate activity, days and time of absence, in addition to providing a plan for you child's departure and return to program.** A separate form must be completed for each activity in which your child will participate throughout the summer.

I agree that my child will be permitted to leave the supervision of the licensed summer day camp program only if I have provided a signed and completed extracurricular permission form in advance. In the event that I fail to notify the summer camp properly, and in writing, about participation in such activities, I understand my child will remain at the summer camp program and follow regular departure instructions.

I understand that if my child is returning to the licensed summer day camp program from the extracurricular activity, I am responsible for knowing that day's program schedule and providing my child's transportation to the program location (i.e. field trip site) if necessary.

Regarding extracurricular activities not sponsored by, supervised by, or otherwise affiliated with Wisconsin Youth Company (WYC): by my signature below, I agree to release WYC and its staff from any resulting claims or liabilities for damages or injuries by or to my child, and to indemnify and hold WYC harmless from any costs or claims arising from my child's participation in the activity listed, and from any and all damages, injuries, or claims arising after my child has left the supervision of the WYC summer day camp program.

I hereby authorize my child's participation in the specific activity indicated.

Child's Name: _____ Program site: _____

Activity: _____ Room # / Location outside building: _____

Start Date: _____ End Date: _____ Days of extracurricular activity attendance (circle): M T W R F
mm/dd/yy mm/dd/yy

Departure: Leaving program immediately after check-in: _____ or

Leaving program at: _____
Time of departure

Return: Not returning to program Returning to program: _____
Time of return



Signature of parent or guardian

Print name

Date

Directions: Please circle activity dates on calendar below.

June 2017				
M	T	W	R	F
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July 2017				
M	T	W	R	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

August 2017				
M	T	W	R	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25

Comments:
