
FASST Informed Consent Form

I hereby give my permission for _____ to participate in 2011 Putnam Valley F.A.S.S.T Camp and my child is in good health, and does not have any health related restraints that would not allow him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District and the camp instructors. My child and I are aware that participating in **F.A.S.S.T. Camp** is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 8:30 each day.

Further, I authorize the Camp Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. **Emergency Contact Information:**

Parent\Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Telephone Number: _____

Medical Conditions: _____

Any known Allergies (Medical, food, or other): _____

Child's Date of Birth: _____

Other Person to Contact in Case of Emergency: _____

Relationship with person: _____

Home Phone: _____ Cell Phone: _____

I understand this informed consent form and agree to its conditions.

Parent\Guardian: _____ Date: _____