CAMP-OUT PERMISSION SLIP

has my permis	ssion to participate in the Virginia Hills
(Child's Name)	
camp-out at the Virginia Hills Pool on Saturday, July	11 th , 2009. I,
can be reached at	(Parent's Name) during the period of the
(Home and/or Cell)	
camp-out. In case of accident, illness or other mishap	o, the Virginia Hills Club, Inc., Board
Members, Coaches, Swim-team Reps, Staff or other n	nembers will not be held responsible. If
your child is 12 years of age or under, he, she will be	in the care of
(Adult Responsible), who will be a	at the camp-out.
(Adult Responsible)	
	(Signature of Parent)
	(Date)