



Summer Camp Permission Slip

PARTICIPANT INFORMATION

Participant's Full Name

Ryan Sodarling

Parish/School

St. Xavier's school

Participant's Birth Date

Sunday, February 2, 2003

Email

ryan.sodarling@gmail.com

Grade Completed

☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8

☐ Team Leader

Child's Allergies or medical problems

Allergies to Banana

Participant's blood type:

O+ve

Tshirt Size

☐ Youth Small ☒ Youth Medium

☐ Youth Large ☐ Adult Small

☐ Adult Medium ☐ Adult Large

Nature and Duration of Activities

☒ June 21-25 Potters Ranch Challenge Camp

☐ June 18-25 CAMP COUNSELOR for Potters Ranch Camp

PARENT INFORMATION

Parent/ Guardian Full Name

Robert Sodarling

Address

Steet-3, MG Road, Newyork.
Newyork City, Newyork, 10007
United States

Mom's E-mail

emma.sodarling@gmail.com

Dad's E-mail

robert.sodarling@gmail.com

EMERGENCY CONTACTS

EMERGENCY CONTACT 1

Emergency Contact#1 Name

Robert Sodarling

Relationship

Dad

E-mail

robert.sodarling@gmail.com

Home Phone Number**Cell Phone Number**

(356) 23242

EMERGENCY CONTACT 2

Emergency Contact#2 Name**Relationship****E-mail****Home Phone Number****Cell Phone Number**

CONSENT

I, the parent/guardian, hereby attest that I have carefully read this Permission to Participate, understand its contents, and agree to its terms and conditions.

☒ I agree

Date

Monday, August 8, 2022

Are you interested in volunteering as a chaperone and/or provide transportation to nearby park? If so, please check which days you are available:

☐ Sunday afternoon 2pm to Monday 12 noon ☒ Monday 12 noon to Tuesday 12 noon

☒ Tuesday 12 noon to Wednesday 12 noon ☐ Wednesday 12 noon to Thursday 12 noon