I have read and understood the information that was provided concerning the activities of the Summer School that my son/daughter will attend from June 27th to July 15th, 2017. I also understand that his/her participation in these activities may involve a certain degree of health and safety risk. By enrolling my son/daughter in the Summer School activities, I consent to his/her participation in the activities and I accept the risks involved in his/her participation. I have instructed my son/daughter to inform the person in charge of any pain or injury or any other problems that he/she may experience during or following any Summer school activity.

If my son/daughter should become involved in an accident or become ill, I authorize the supervisors or representatives of the Summer School to act on my behalf for any medical intervention required, including hospital admission or any necessary treatments that they deem essential for the health and well-being of my son/daughter. This authorization is valid only if I cannot be reached in an emergency.

Name of participant: ______________________________________________________

Name of parent/guardian: _________________________________________________

Signature of parent/guardian: _____________________________________________

Date: ___________________________