Parent Permission Form for delegate

Please read and sign this form and the medical authorization form for your delegate's application to be considered complete.

The Wyoming High School Activities Association is proud to sponsor the Wyoming Association of Student Council’s Summer Leadership Conference. The conference will be held in Casper, Wyoming and will be under the direction and supervision of professionally trained adults who have been employed by the Association and are responsible for the program and welfare of the delegates.

We have been very fortunate thus far in averting casualties. A conscientious effort is made to provide adequate supervision for all activities, but there is always the possibility that an accident may happen to one of the delegates.

Accordingly, we find it necessary to request parents or the legal guardians to give consent for their child to attend the conference and to release the Wyoming High School Activities Association, Wyoming Association of Student Councils, Casper College, the city of Casper, and their respective officers, agents, and employees of any and all responsibility in the event of such an accident occurring to your child while traveling to and from camp and while at camp.

Also, any delegate that must use ANY TYPE OF MEDICATION must report the type of medication to the director upon arriving. Failure to report medication could result in your child's immediate return home.

If this is acceptable to you, will you so indicate by signing your approval below?

The delegate listed below has my consent to attend and participate in the Wyoming Association of Student Councils Summer Leadership Camp in Casper, Wyoming during the week of July 7-10, 2024. I accept and approve the above statement releasing those named from liability.

Child’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your summer mailing address and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your email address that you will check over the summer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_