



2010 Camp STIX Releases

This form must be signed and mailed to Camp STIX to be eligible to attend camp.

Transportation Release

Permission is given to Camp STIX to transport _____ to and from camp
(Name)
activities sponsored by the camp and/or to a medical facility for emergency care.

Parent, Guardian, or Staff Member Signature

Date

INSURANCE COMPANY: _____ **PROVIDE COPY OF CAMPER'S INSURANCE CARD**

Media Release

Permission is given to Camp STIX to use _____ in any photos or videos that will
(Name)
be taken of the camp (or other camp activities) to use for general media to benefit the work of Camp STIX on behalf of other children with diabetes. I understand that there will be no compensation made in exchange for use of any photos or videos as outlined above.

Parent, Guardian, or Staff Member Signature

Date

Departure

To ensure the well-being of each camper at Camp STIX, it is necessary for us to know who will be taking your child home. Please complete the following:

My child _____ will be picked up at the end of Camp STIX by:
(Camper's Name)

Name: _____ Relationship: _____
(Person picking up camper)

Address: _____ Phone: _____

Parent/Guardian Signature

Date

Rev. 01/10

Diabetes Programs – P.O. Box 8308 – Spokane, WA 99203 – 509.484.1366 – campstix@gmail.com