

## **RYPEN** camp participation consent form

In the event of accident or illness, and where it is impracticable to communicate with me, I authorise the Camp Leader to provide consent to my child receiving any emergency medical or surgical treatment that may be deemed necessary.

and

I hereby agree to permit Rotary District 9800 Incorporated to publish whether in printed form or on the Internet or any other means or purpose any photographic image that may be taken of my child at any event run or sponsored by Rotary District 9800 Incorporated.

Student participant's name:
Parent / Guardian's name:
Talent/ Guardian smanle.
C' I
Signed:
Date:/

PLEASE RETURN TO rypen@rotarydistrict9800.org or PO BOX 101 KEW, VIC 3101