Town of Lewisboro

Parks & Recreation Department

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Dana M. Mayclim | Reed Pullem | | Superintendent | Recreation Assistant | | Laura A. Stone | Pamela Veith | | Senior Office Assistant | Senior Adult Coordinator | |  |

Michael L. Portnoy

Recreation Assistant

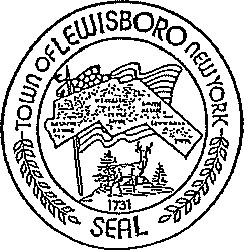
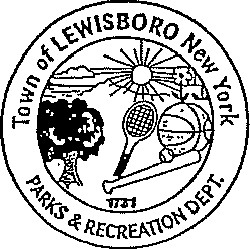
**PERMISSION TO CARRY/USE SUNSCREEN AND INSECT REPELLANT**

I give permission for my child to carry FDA approved sunscreen, insect repellant and hand sanitizer for over the counter use, and for the camp staff to assist m child at their request in the application of approved sunscreen, insect repellant and hand sanitizer without physical contact of the child. The camp directors will maintain a record of such.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

99 Elmwood Road + South Salem, NY 10590 + (914) 232-6162 + Fax (914) 232-6165 + parks@lewisborogov.com + TTY (800) 662-1220

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 Michael L. Portnoy

LEWISBORO PARKS AND RECREATION DEPARTMENT

2021

# CAMPER OFF-SITE PERMISSION SLIP

Following the New York State Department Health Camp Code Regulations, we must have a permission slip for every camper that attends the Main Event camp program provided by the Lewisboro Parks and Recreation Department. Please fill out the following information and sign below.

My signature below gives permission for my child, to  participate in all camp activities at the town park pool. I understand that campers will accompany the Lewisboro Parks and Recreation Department and its camp staff on all trips to the pool.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 Little Explorers

0 Main Event

0 Trailblazing Teens

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