

PLAYING MY STORY CAMP
August 2 - 6, 2010

Camper Pick-up and Photo Permission Form

Child's Name _____ Camp Title _____

Camp Date _____

Please apply this information to the following camp sessions I am also enrolled in:

I. Designated adult(s) for drop-off/pick-up of camper:

Name _____ Relation to camper _____

Phone Number (s) _____

Name _____ Relation to camper _____

Phone Number (s) _____

Name _____ Relation to camper _____

Phone Number (s) _____

I, (print parent/guardian's name) _____, hereby authorize HSW to release my child (print child's name) _____ to the person(s) specified above. I agree that Historical Society of Washington, D.C. shall not release my child to any other person unless I have provided alternative written instructions.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date

II. Photo Permission

I hereby grant the Historical Society of Washington D.C. permission for my child to be photographed, videotaped and sound recorded. I hereby grant the Historical Society of Washington D.C. permission to use and distribute photographs, films, videotapes and sound recordings of myself or my child in materials the Historical Society of Washington D.C. may create.

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date

**THIS FORM MUST BE RECEIVED BEFORE CAMP SESSION BEGINS.
ALLOW AT LEAST FIVE DAYS FOR MAIL.**

Historical Society of Washington
801 K Street NW
Washington DC 20001
Fax (202) 383-1870