



HOFSTRA SUMMER CAMPS

A choice that can change your child's life!

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play.

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Parent Consent Form

This form is to be completed and signed by the child's parent of legal guardian

Name of child _____

I give my child permission to engage in a sports activity / trip (bowling alley) in a location other than the Hofstra University campus.

Location: **AMF Garden City Lanes**
987 Stewart Avenue, Garden City, NY 11530

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parents (legal guardian's) name _____

Telephone numbers _____ on _____ (hours/days)

_____ on _____ (hours/days)

Parents (legal guardian's) name _____

Telephone numbers _____ on _____ (hours/days)

_____ on _____ (hours/days)

In the event that I or the others listed are not available, I give my permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to

or at the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Signature _____ Date _____

Please return this form immediately or your child will NOT be able to participate in the trip outside of the Hofstra University campus!