

SUGARBUSH SOARING - 2010

P.O. Box 123
Warren, Vermont 05674
802-496-2290
soar@sugarbush.org

Parental Release Form

I, _____, give permission to Eric Hanson and/or Virginia Hanson, or Ken and/or Fran Blair to get medical treatment for my son/daughter _____, whose social security number is _____ - _____ - _____, for the period of time that they attend the Youth Soaring Camp at Sugarbush Soaring.

Dates of attendance at Soaring Camp: _____

Special dietary, medical considerations or medications:

Day phone #: _____

Night phone #: _____