

TOBIQUE FIDDLE CAMP

JUNE 24-28 2012

Consent Form

CHILD'S NAME (S): _____

I hereby authorize Tobique Fiddle Camp staff to secure such medical advice and services as may be deemed necessary for the health and safety of my child/ward.

Please sign below indicating that you have read the above information and agree to its conditions.

Parent/Gaurdian Signature : _____