

PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Name of Facility (Camp/Church/School) Participate in the Collection of Maple Sap. Participation involves riding in vehicles to sites in St. Croix Falls and Center City. Activity involves lifting Sap Buckets that could weigh 40 pounds each.			
Address	842 West Street	Taylors Falls,	MN 55084
Dates of Attendance from March 10 through April 15th,			

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name	
Signature	Date

ADDITIONAL INFORMATION:

Exclude from following Activities:
