Lock Haven University Camps, Clinics, and Tournaments: OVERNIGHT PERMISSION

I give my permission for my (daughter/son) _____
(Child's Printed Name)

to stay overnight at Lock Haven University in the student residence hall under the

supervision of LHU camp/clinic/tournament staff.

Camp Attending: _____

_____
(Parent/Guardian Signature) Date

_____
(Parent/Guardian Printed Name)

Updated 3/9/18 trr