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 Loc	k Haven University in the student residence hall under the	
supervision of LHU cam	p/clinic/tournament staff.	
Camp Attending:		
	(Parent/Guardian Signature)	Date
	(Parent/Guardian Printed Name)	

Updated 3/9/18 trr