



**Flagstaff Unified School District**

3285 E. Sparrow Ave  
Flagstaff, AZ 86004  
Phone: (928)-527-6000

**Permission to Attend  
Camp Colton-Project LIFE**  
*(Please print clearly and return to your student's classroom teacher the week prior to camp)*

My Child \_\_\_\_\_, who attends \_\_\_\_\_ School has my permission to attend Project LIFE at Camp Colton and participate in its activities. I have reviewed the student packet and signed the required paperwork.

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
*(Please Print)* Signature  
*(Signature of Parent/Guardian)*

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**Consent and Publicity Release**

As part of our on-going marketing, recruitment, and grant reporting processes, we continually need photographs of students participating in Camp Colton activities. We may use some of these photographs in our efforts to publicize and support the Camp Colton-Project LIFE program. If you have any questions in this regard please call the Camp Colton program office at 928-527-6109. Thanks for your cooperation.

I hereby give my consent that any photographs my child appears in may be used for Camp Colton publicity purposes. These photos may be used in brochures, publications and on the Camp Colton website. I release Camp Colton and other sponsoring and involved agencies and individuals from any obligation or liability from use of said pictures.

Student Name \_\_\_\_\_ School \_\_\_\_\_  
*(please print)* *(please print the name of your child's school)*

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
*(please print)* *(Signature of Parent/Guardian)*

Date \_\_\_\_\_