I grant permission for (print participant’s name) _____________________________ to participate in all educational and social activities of the following MSU program or activity:

Program name: Confucius Institute at Michigan State University’s Chinese Summer Camp

Program dates: Week 1: July 10-13—Week 2: July 17-20—Week 3: July 24-27

MSU unit/department: Confucius Institute at Michigan State University

I have read the camp descriptions. I accept any risks associated with the selected recreational activities.

I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(Please print):

______________________________________________
(Parent or legal guardian)

Signature: ____________________________ Date: ____________________

Please read, print, sign and return the forms by email, fax or mail to CI-MSU. Phone number is (517) 355-3801; Fax number is (517) 432-4797 Email: Studentdesk.cimsu@gmail.com Address: Confucius Institute, 620 Farm Lane Rm 230, East Lansing, MI 48824