

Permission to Apply Sunscreen

Child's Name: _____

As the parent or legal guardian of the above named child, I hereby give my permission to the Coach(es) at Leduc Kanata Gymnastics Club to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

- The Coach(es) at Leduc Kanata Gymnastics Club may use the sunscreen of their choice according to package directions.
- Only use the following type(s) SPF of sunscreen (parent will provide):

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- For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print) _____

Parent/Guardian Signature _____ Date _____