

## PERMISSION SLIP

Please Note: As a protection to your child, this form must be completed and signed by a parent or guardian.									
			AGE ,						
(Name of Child)									
NAME OF PARENT (Please print)		PHONE NO	)						
ADDRESS	CITY	STATE	_ZIP						
In case of an emergency and we are unable to con we can contact: NAME:									
]	RELEASE								
I/We the undersigned parent(s) of	ease specify)	ey may not return to th	ne Boys & Girls						
Time: □ Any Time □ Specific Time (1	please specify)		· · · · · · · · · · · · · · · · · · ·						
Please list comments below:									

This authorization said agent(s).	shall remain	effective unti	June 30st	<u>; 2026</u>	<u>u</u> nless	soon	er rev	oked i	n wri	ting de	livered to
						S	ignatu	re of I	Parent	or	
			Legal Gu	ardian I	Date R	eceiv	ed (Of	fice U	se On	ly)	