



PERMISSION SLIP

Site: BCYF NAZZARO CENTER

I hereby authorize my son/daughter _____ to participate in the following Boston Centers for Youth and Families activity.

In the event of a serious illness or injury, I express my consent for the administering of emergency medical care, including anesthesia. I understand that the staff of Boston Centers for Youth & Families will make every effort to contact me first in the event of an emergency. I will not hold the Boston Centers for Youth and Families staff responsible for such injury.

On the following dates I authorize my child to participate in **Sports Night at the BCYF Nazzaro Center.**

Ages 10 -12: March 11th, March 25th, April 8th from 5 – 6pm

Ages 7 – 9: March 18th, April 1st, April 15th from 5 - 6pm

Print Name of Activity/Field Trip: **Sports Night at the BCYF Nazzaro Center.**

*** IMPORTANT NOTE ***

AGES 7-9: NO CHILD BETWEEN THE AGES OF 7 -9 WILL BE ALLOWED TO LEAVE ON THEIR OWN. If your child is between the ages of 7 – 9 then a parent, guardian, or responsible adult must pick up your child at 6pm sharp. Please provide the name of the person picking up your child: _____.

AGES 10-12: Parents have the option of allowing their child(ren) to be considered “walkers” for this event. Does your child have permission to walk home alone upon completion of this event? *Please check one* () Yes () No. If no, then please provide the name of the person who will be responsible for picking up your child:

(Name of person)

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person #1: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person #2: _____

Home Phone: _____ Cell Phone: _____