

Parent Permission Form
COLLEGE VISITS
SPRING 2020



IMPORTANT - PLEASE READ! *Limited enrollment - first come first serve. There are no credits or refunds in the event of an absence. We must have the completed permission slip and the fee before a child can be signed up to attend. The staff reserves the right to prohibit a child from participating based on behavioral or disciplinary concerns.*

MUST BE IN 9TH - 12TH GRADES

HS MEMBERS MAY BRING A FRIEND, BUT FRIEND MUST FILL OUT A FREE TEEN MEMBERSHIP APPLICATION.

PLEASE SUBMIT TWO BUSINESS DAY IN ADVANCE.

DATE	EVENT/LOCATION	FEE	TIME	COMMENTS
<input type="checkbox"/> MONDAY, 2/14/20	FIDM COLLEGE TRIP Full Campus Tour, Info on Athletics, Financial Aid, Admissions & Campus Lifestyle	FREE	11:00AM-5:00PM	Bring Money for Food!
<input type="checkbox"/> MONDAY, 3/13/20	UCLA COLLEGE TRIP Full Campus Tour, Info on Athletics, Financial Aid, Admissions & Campus Lifestyle	FREE	9:00AM-3:00PM	Bring Money for Food!

Child's Name _____ Age _____ Phone _____

Email _____ Parent email _____

Special Instr/Meds: _____

Address _____ Phone _____

City _____ Zip Code _____

Emer. Contact _____ Phone _____

Alt. Contact _____ Phone _____

I hereby give my son/daughter/charge permission to participate in this Boys & Girls Club's activity. In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Simi Valley, and/or it's agents to obtain whatever medical assistance is necessary at my expense.

I, _____ being parent, guardian or other person entitled to legal custody of,

_____ a minor child, do hereby authorize the Boys & Girls Club of Simi Valley, into whose care I have entrusted said minor child to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Parent/Guardian
 Signature: _____ Date: _____

Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____