

Parent Permission Form

SPRING 2020

HIGH SCHOOL SPECIAL EVENTS



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 GOING INTO 9TH - 12TH GRADE
PLEASE SUBMIT TWO BUSINESS DAYS IN ADVANCE.

MEMBERS MAY BRING A FRIEND!
WITH A FORM, PAYMENT, AND FREE TEEN MEMBERSHIP

DATE	EVENT/LOCATION	FEE	TIME	
<input type="checkbox"/> FRIDAY, 1/24/20	HS CHILL ZONE <i>A High School Experience in the Club with PIZZA, ICE CREAM, & GAMES!</i>	\$12.00	6:00PM-9:00PM	RECEIPT #
<input type="checkbox"/> FRIDAY, 2/14/20	HS VALENTINES DANCE Dance Party, Karaoke & Games	\$5.00	6:30PM-9:30PM	RECEIPT #

Child's Name _____ Age _____ Phone _____

Parent Email _____ Parent Phone _____

Special Instr/Meds: _____

Address _____ Phone _____

City _____ Zip Code _____

Emer. Contact Name _____ Phone _____

Alt. Contact Name _____ 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: _____