



PERMISSION SLIP

DATE OF EVENT _____

ACTIVITY _____

PARTICIPANT'S NAME _____

PARTICIPANT'S ADDRESS _____

PARTICIPANT'S CELL PHONE _____

NAME OF SCHOOL _____ STUDENT GRADE _____

PARENT'S NAME _____

PARENT'S CELL PHONE _____

PARENT'S SIGNATURE _____

Waiver of Liability:

By signing above, the parent gives permission for the participant to attend this event, and accepts full responsibility for the participant's safety and behavior on the trip. The parent agrees to hold the Rye Youth Council (and its agents, employees and volunteers) harmless in the event of injury, behavior issues, or any other liabilities relative to the participant. The parent also acknowledges that the participant is in the appropriate physical condition to participate in the activity.