



Rye Youth Council

Fostering Healthy Development in our Youth

PERMISSION SLIP

RYE YOUTH COUNCIL

DATE OF EVENT:

ACTIVITY:

PARTICIPANTS NAME:

PARTICIPANTS ADDRESS:

PARTICIPANTS CELL PHONE #:

NAME OF SCHOOL:

STUDENTS GRADE:

PARENT NAME:

HOME NUMBER:

PARENTS CELL PHONE #:

PARENT SIGNATURE:

TO REGISTER:

1. Fill out the information above and sign
2. Bring the completed form and a non-refundable check to the Rye YMCA reception desk- Attention: Rye Youth Council
3. QUESTIONS???? CALL RYC at 967-3838

WAIVER OF LIABILITY: BY SIGNING ABOVE, THE PARENT GIVES PERMISSION FOR THE PARTICIPANT TO ATTEND THIS EVENT, AND ACCEPTS FULL RESPONSIBILITY FOR THE PARTICIPANTS SAFETY AND BEHAVIOR ON THE TRIP, AND AGREES TO HOLD 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.