

**POSTCAMP/VACATION PROGRAMS**

**PARENT PERMISSION WAIVER**

2016-17

1. My child \_\_\_\_\_ has my permission to participate in the JCC MetroWest Grade School Vacation program activities. I understand that these programs include field trips off the premises.
2. If for any reason the registration for a particular program must be canceled, the center must be advised in writing, before the event, otherwise no refund will be given. No refund or adjustment will be given for absences.
3. In order for a staff member to administer medication to any child, a medical permission form must be received with the medication.
4. I understand that in case of emergency and I am unable to be contacted, I give permission to the JCC MetroWest to authorize any emergency action necessary to insure the safety of my child.
5. Participation in any JCC MetroWest activity and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the JCC MetroWest I/we, as an individual or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by the JCC MetroWest.

\_\_\_\_\_ JCC MEMBER    \_\_\_\_\_ JCC NON MEMBER    Membership # \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell ( ) \_\_\_\_\_ Father's Cell ( ) \_\_\_\_\_

Mother's Work Phone ( ) \_\_\_\_\_ Father's Work Phone ( ) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Allergies or medical needs \_\_\_\_\_

Please list the names of adults permitted to pick up your child(ren)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Registration Form Must Be Signed with Parent's or Guardian's Consent:

Signed (Parent or Guardian) \_\_\_\_\_

Date \_\_\_\_\_

