

Information Call 696-4797
 Operation Hrs: 1300-1800
 Summer Hrs: 1200-1800

DYESS Youth Programs Event Permission Form



Event	Date	Cost	Time
		Member \$ Non-member \$	

Childs Name/Age _____

Childs Name/Age _____

Childs Name/Age _____

"I, the undersigned, am the parent or legal guardian of the above-named individual(s), and do hereby authorize the above-named individual(s) to participate in the Youth Program event indicated. I understand that any illnesses, prescribed medications, or special needs associated with participants must be reported to the Youth Program staff prior to admittance for events.

Authorization for emergency medical care.

"I, the undersigned, hereby authorize the above-named individual(s) to receive emergency medical treatment if deemed necessary by the U.S. medical facility or any other medical facility when a U.S. facility is not available."

Please list any allergies, disabilities and/or limitations of the above-named individual(s):

Parent Signature/Print/Date:	Contact #:	Non-Parent Emergency Name/#:

*STAFF ONLY: RECEIPT # _____