NEEDHAM YOUTH CENTER

Permission Slip

Participant's Name	School	Grade
Address	Date of Birth	
Email address	Home Phone:	
Important Allergies or other Medical Problems:		
Emergency Contact	Relationship	
Address	Home Phone	
	Cell Phone	
*******************	******	********
I have read the rules and regulations of the Neethern. Failure to abide by these rules may resu		•
Participant's Name (Please Print)	_ Participant's Signature _	
I have read the rules and regulations (Operating hereby waive and release any and all rights and sustain against the Town of Needham, the Nee Center Steering Committee.	d claims for injury my child (or his/her guest) may
Parent's Name(Please Print)	Parent's Signature	
Date of Registration	-	
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I would be interested in participating on or with activities.	the Youth Center Board in p	planning the Center's
Name	Phone	