

# Permission Form for LYSB BEACH DANCE

<i>Child/Student Name</i>		<i>Date of Birth (M/D/Y)</i>	
<i>Age and grade in school</i>	AGE:	GRADE:	
<i>Address</i>			
<i>Home Phone</i>			
<i>Mother's Name</i>			
<i>Mother's phone numbers:</i>	<b>HOME:</b>	<b>CELL:</b>	
<i>Father's Name</i>			
<i>Father's phone numbers:</i>	<b>HOME:</b>	<b>CELL:</b>	
<i>Parent email address(es):</i>			
<i>Does child have any allergies, take medication or have medical condition?</i>			
<i>Custody arrangements we should be aware of?:</i>			
<i>Emergency Contact #1</i>		<i>Phone:</i>	
<i>Emergency Contact #2</i>		<i>Phone:</i>	

Check here if you do **NOT** want your child's name or photo published

Lymes' Youth Service Bureau and its staff will do everything possible to ensure the health and safety of those attending programs/events. In the event of injury, I release LYSB and the staff from any liability. I give permission for medical treatment for my child in the event he/she is injured and I cannot be contacted. I will assume all responsibility for costs incurred. I give permission for my child to fill out surveys related to the content and quality of this program.

**Parent/Guardian signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OPTIONAL INFORMATION FOR LYSB GRANT REPORTING PURPOSES:**

<i>Race/Ethnicity</i>	<input type="checkbox"/> Causasian/White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other
<i>Family Constellation</i>	<input type="checkbox"/> Two parents (birth or adoptive) <input type="checkbox"/> Birth & Step parents <input type="checkbox"/> Joint Custody <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> DCF <input type="checkbox"/> Other