

Parental/Guardian Authorization

Please list the persons who may pick up your child/children

Name	Relationship	Home #	Cell #	Other #
1.				
2.				
3.				
4.				

I hereby Give ___ Do Not Give ___ Consent for my child to participate in water activities.

I hereby Give ___ Do Not Give ___ Consent for my child to participate in field trips.

Medical Emergency Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician: _____ Phone: _____

Address: _____ Preferred Hospital: _____

I give consent for the staff to secure any and all necessary emergency medical care for my child

Parent/Guardian Signature _____ **Date** _____

Parental Permission for Transportation

I give permission for my child to ride in the Boys & Girls Club of Victoria's bus or van in relationship to the Boys & Girls Club of Victoria, Inc. activities. I waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Club of Victoria, Inc., the organizers, supervisors, and participants from any claim arising out of an injury.

Parent/Guardian Signature _____ **Date** _____

The **Positive** Place For Kids!



Boys & Girls Club of Victoria, Inc.

Hopkins Branch

202 Hopkins St.

P.O. Box 2565

Victoria, Texas 77902

Phone: (361) 573-4411 Fax: (361) 572-0188

www.bgcvtoriora.org