

# St. BERNADETTE AFTER SCHOOL CLUBS

## PARENT PERMISSION SLIP 2017

I give my child permission to participate in the After School Program:

### Chess Club

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### RELEASE OF LIABILITY

**\*I understand that St. Bernadette assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold St. Bernadette, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in the After School Program.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT RELEASE PICK UP POLICY

As parent/guardian, I understand that the After School Program will begin immediately after school is out and will end by 4:00 p.m. In order to be released to go home from the program, **students MUST be picked by the parent/guardian or by one of the individuals listed below.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

When I am unable to pick my child up, I give permission to the following people to pick up my child

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*REMEMBER:** Please pick up your child on time. The program ends promptly at 4:00 p.m. If students are not picked up by these times, they will be released into the latch-key program