

South Windsor Youth and Police Program
Parental Permission Form

Hartford Wolf Pack Ice Hockey Game
Friday, March 26, 2010
5:30 PM-10:30 PM

Transportation provided by Post Road Stages

I give my daughter/son permission to participate in this activity, provided by South Windsor Police Services and South Windsor Youth and Family Services.

Child's name: _____ **D.O.B.:** _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

SOUTH WINDSOR YOUTH & POLICE PROGRAM

Please provide the following information for State of Connecticut grant reporting purposes.

Contact Joann Moriarty at 648-6361 x 331 if you have questions.

Thank you!

1. **Name:** _____
(PLEASE PRINT CLEARLY)

2. **Address:** _____

3. **Date:** _____

3. Gender:

- Male
- Female

4. Family Setting:

- Birth Parent (s)
- Birth Parent and Step Parent
- Birth Parent and Partner
- Single Parent (female)
- Single Parent (male)
- Grandparent (s)
- Relative / Guardian
- Adoptive Parent (s)
- Foster Parent (s)
- DCF Guardianship
- On own

7. Ethnicity:

- Caucasian / White
- African American / Black
- Hispanic / Latino
- Multiracial
- Asian
- Native American
- Other

8. Referring Organization:

- Parent / Guardian
- Self
- School
- Police
- Superior Court
- Social Service Agency
- Juvenile Review Board
- DCF
- Other

5. **Age:** _____ **Date of Birth:** _____

6. **School:** _____ **Grade:** _____

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

To: TOWN OF SOUTH WINDSOR and TOWN OF SOUTH WINDSOR POLICE SERVICES and TOWN OF SOUTH WINDSOR YOUTH AND FAMILY SERVICES, their officers, directors, trustees, affiliates, managers, employees, volunteer staff, agents and their successors and assigns (collectively and individually referred to as the "TOWN").

The undersigned, on behalf of their child (individually and collectively referred to as the "Releasor") acknowledges that Releasor will participate in numerous activities that may involve risk of injury to person or property and that he or she assumes full responsibility for all such risk. Other than as set forth below, the undersigned certifies that the Releasor is in good health with no condition, illness or abnormality which might subject him or her to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, the TOWN is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate.

Furthermore, the Releasor hereby specifically agrees to forever release, waive, indemnify, save and hold harmless, discharge and covenant not to sue the TOWN with respect to any or all liability to the Releasor, his or her representatives or assigns, for any loss or damage, and any claims or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the TOWN or otherwise, while Releasor is in, on or about any premises of the TOWN or using any of the TOWN's facilities or equipment or participating in any program affiliated with the TOWN, without regard to location. This release not only constitutes a release with respect to any injury to the person or property as characterized above, but also constitutes a release on the TOWN's liability for injuries resulting from the TOWN's future negligence and constitutes a waiver of the Releasor's legal rights.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, nevertheless, continue in full force and effect. The undersigned further understands that this waiver is applicable to all activities in which the undersigned elects to participate. The undersigned understands that video and/or photographs of participants may be taken and used for promotional purposes.

The undersigned understands that the TOWN has the right to dismiss any person whose actions or attitude are deemed detrimental to the TOWN and/or other participants, without receiving any refund of any fees paid.

Emergency Contact: Name: _____
(other than parent) Phone: _____

Medical Concerns: _____

If emergency contact or medical concerns change, the undersigned accepts responsibility for notifying the TOWN in writing of the change.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date