

# BUDDY PROGRAM

Fall 2011 (Ages 6-8)

Class Total
Receipt #

*IMPORTANT - PLEASE READ!:* Limited enrollment - first come first serve. We must have a completed permission slip before a child can be signed up to participate. Staff reserves the right to prohibit a child from participating in event based on behavioral or disciplinary concerns.

**PLEASE PUT A CHECK NEXT TO THE SESSION(S) YOUR CHILD WISHES TO PARTICIPATE**

Date	Program	Fee	Comments
Ongoing	<input type="checkbox"/> Buddy Program	FREE	Your child will have the help of a Junior Leader to show them around & introduce them to other members. They will also have a lot of fun together playing games, making arts & crafts & MORE!

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Special Instr. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Emer. Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Contact \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give my son/daughter/charge, permission to participate in this Boys & Girls Club's activity. In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Simi Valley, and/or it's agents. to obtain whatever medical assistance is necessary at my expense.

I, \_\_\_\_\_ being parent, guardian or other person entitled to legal custody of, \_\_\_\_\_, a minor child, do hereby authorize the Boys & Girls Club of Simi Valley, into whose care I have entrusted said minor child to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_