

Glee Club - Winter/Spring 2012

February thru May

ClassTotal
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	Event	Fee	Day & Time	Comments
Feb-May	<input type="checkbox"/> Glee Club - Winter/Spring 2012 (MPR/Teen Lounge)	\$25.00	Wed. 5:15-6:00	Sing...dance...perform @ Spring Talent Show!

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: _____

Insurance Company: _____ Policy Number: _____