

PARENT PERMISSION SLIP
RED LION RECREATION

ACTIVITY: GIRLS FIELD HOCKEY

CHILD'S NAME _____ PHONE _____

ADDRESS _____

AGE _____ BIRTHDATE _____

SCHOOL _____ GRADE _____

PARENT/GUARDIAN _____ PHONE _____

OTHER ADULT IN CASE OF EMERGENCY _____
PHONE _____

PLEASE LIST ANY ALLERGIES OR SPECIAL PROBLEMS WITH INSTRUCTIONS FOR CARE

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ABOVE MENTIONED ACTIVITY AND VOLUNTARILY WAIVE AND RELEASE THE RED LION RECREATION COMMISSION AND IT'S EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM DUE TO PERSONAL INJURY OR DAMAGE DURING ANY TIME ASSOCIATED WITH THIS ACTIVITY. I REALIZE THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. I REALIZE THE INJURY MAY BE SEVERE, INCLUDING FRACTURES, BRAIN INJURY, PARALYSIS, AND POSSIBLE DEATH. IN THE EVENT OF INJURY, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF MY ABSENCE. I ALSO WAIVE "FAIRMOUNT GYM" AND "DAIRYLAND SPORTSPLEX" AND THEIR EMPLOYEES AND VOLUNTEERS FFOM ANY CLAIM DUE TO INJURY.

_____ DATE _____
SIGNATURE OF PARENT/GUARDIAN

WE NEED COACHES !!! CHECK HERE IF YOU ARE INTERESTED _____

INDICATE ANY NIGHTS THAT YOU ABSOLUTELY CAN NOT PRACTICE

MON____ TUES____ WEDS____ THURS____ FRI____

T-SHIRT SIZE: YOUTH: MD _____ LG _____

ADULT: SM _____ MD _____ LG _____

MAIL FORM WITH CHECK TO:

**RED LION RECREATION
P.O. BOX 158
RED LION, PA 17356**