



2023-24 Permission Slip and Emergency Information \* **New Milford Youth Agency**

This form gives your child access to all New Milford Youth Agency programs, activities and events through June 2024

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus (PM): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_ Ph#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_ Ph#: \_\_\_\_\_

Additional Contact Info (home phone, etc.): \_\_\_\_\_

Additional Emergency Contact Numbers: \_\_\_\_\_

Participant's Cell Phone/email (if applicable): \_\_\_\_\_

Parent Concerns (allergies, illness, restrictions, etc): \_\_\_\_\_

- Please check here if you do NOT want your child's name or photo published
Please check here if your child does NOT have permission to fill out anonymous surveys
Please check here if you do NOT wish to be added to our email list for future programming info

Emergency Care Authorization- I hereby authorize the New Milford Youth Agency and the Town of New Milford, its officials, agents and employees to provide, when necessary, emergency first aid while my child or I are engaged in programs under the supervision of the Agency staff.

Legal Authorization and Consent for Above Items:

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Hold Harmless Agreement- I by these presents do, for myself and my child, our heirs, assigns and executors and/or administrators hold the Town of New Milford, all town agencies and departments including, without limitation, the New Milford Youth Agency, their servants, employees and volunteers, free, harmless and indemnified from all claims, lawsuits, actions, and/or demands for damages, that I and/or my child have or may have or which may hereinafter accrue for bodily injury, death, and/or property damage as a result or claimed to have occurred as a result of my child's participation in the programs provided by the Youth Agency, and covenant and agree not to sue the Town or any of its agencies and/or persons.

Legal Authorization and Consent for Above Items:

Signed \_\_\_\_\_ Date: \_\_\_\_\_

OPTIONAL

We provide some information from this form to the State of CT Dept of Education and Dept of Children and Families for statistical and research purposes.

- Race: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, Multi racial, White, Other, Unknown
Ethnicity: Hispanic/Latino, Not Hispanic/Latino, Unknown
Family: 2 birth/adoptive parents, Step & birth parent, Single parent female, Single parent male, Grandparent, Relative/Guardian, DCF guardianship, Foster parent, Joint custody

Does your child receive free or reduced hot lunch? Does your child have an IEP?

How did you hear about the New Milford Youth Agency?