Community YMCA of Eastern Delaware County

Permission To Participate in School-Related Activities

Child's Name_____ Today's Date_____
Teacher _____ Grade_____
School Site _____
I give permission for my child, _____ to participate in the following activity_____
This activity meets on of the following day(s)_____ at this time_____ until this time _____.
I understand that:

1. My child is to report directly to the YMCA program immediately after the activity has ended.
2. The YMCA is not responsible for my child while they are participating in the school-sponsored activity.
3. This permission slip is only valid for the above activity. Each activity requires an individual permission slip.

X_____ X_____
Parent Signature Date

COMMUNITY YMCA of EASTERN DELAWARE COUNTY
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