

**VERMONT HILLS FAMILY LIFE CENTER
EXTRA-CURRICULAR ACTIVITIES
PERMISSION FORM**

I give my permission to VHFLC staff person to release my child to attend the activity listed below. I understand that my signature releases VHFLC from any and all responsibility and liability while my child attends their extra-curricular activity, including from door step to door step.

My child _____ will attend _____
(First/Last Name) (Name of Activity)

on _____ M ◦ T ◦ W ◦ T H ◦ F
(Date(s)) (Day)

leaving at _____ and returning by _____

<u>Departure</u>	<u>Return</u>
<input type="checkbox"/> Escorted to activity by: _____ Name, title, phone #	<input type="checkbox"/> Escorted back from activity by: _____ Name, title, phone #
<input type="checkbox"/> Escorted to activity by VHFLC teacher. (If more than 1 teacher at site)	<input type="checkbox"/> Escorted back from activity by VHFLC teacher. (If more than 1 teacher at site)
<input type="checkbox"/> Go directly to activity. (without checking into VHFLC first)	<input type="checkbox"/> Parent will pick up child from activity.

Signature of Parent/ Guardian

Date