

Teen Service Permission Slip

Name: _____

Grade: _____ School: _____

Event Name: _____ Event date: _____

I give permission for my student, _____, to participate in the above names event. By signing this registration form I agree that: (A) In the event of an emergency, I give permission for SMINC to administer first aid and/or obtain emergency medical treatment for my child. I understand that, if necessary, my child will be transported, by ambulance, to the nearest hospital emergency room. I agree that any cost incurred for any transportation and/or treatment will be my responsibility. (B) SMINC has the right to dismiss a participant for violating the center's no tolerance policy.