



MURPHY COMMUNITY CENTER
ACTIVITY PERMISSION SLIP

PARTICIPANT INFORMATION:

Name: _____ Age/ Grade: _____

Address: _____ # _____ Street _____ Neighborhood/City _____ State _____ Zip _____

Parent/ Family Email Address: _____

As Parent/Guardian, I give my permission for my child to participate in the following Murphy Community Center Activity: BCYF- FLAG FOOTBALL LEAGUE SPRING 2009 on the following date(s): FRIDAYS (MAY - JUNE) 4-8 PM. In case of emergency, I understand that every effort will be made to contact the Parent/ Guardian listed below. In the event that I cannot be reached, please contact one or both of the individuals listed below.

Name of Parent/ Guardian: _____

Home Phone: _____ Cell : _____ Work: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

In the event of sudden injury or illness to my son/ daughter while s/he is participating in the Murphy Community Center Program/ Activity, I express my consent for the administration of emergency medical care if such action is necessary in the opinion of the attending medical personnel. Further, as the parent/ guardian I acknowledge that I shall be responsible for all associated medical fees and other charges.

Please list any medical or physical conditions of which we should be aware. Please list any medications in which your child is currently taking (including names and dosages).

HEALTH INSURANCE (MUST BE FILLED OUT)

Policy Name: _____ Policy #: _____

Physician's Name: _____ Phone #: _____

Does your Health Plan need to be contacted before treatment is given (circle one)? YES/ NO

LIABILITY RELEASE

I hereby authorize my son/ daughter to participate in the BCYF - FLAG FOOTBALL LEAGUE without restriction. I agree that I will not bring suit against nor hold liable the MURPHY COMMUNITY CENTER/ BCYF/ and/or the CITY OF BOSTON including any of its officers, employees or agents or the sponsoring agency for property damage or personal injury incurred by myself or my son/ daughter through participation in the above mentioned activities/ programs. I also authorize the MURPHY COMMUNITY CENTER/ BCYF to take and use photos, slides, and recording of my son/daughter while he/she is participating in the BCYF/ MURPHY COMMUNITY CENTER'S activities.

Signature of Parent/ Guardian _____

Date _____