



NERF NIGHT 2019

Activity Permission Slip

As parent or legal guardian, I hereby give permission for my child to participate in the activities organized by the Fergus Falls YMCA.

Name of Child 1: _____ DOB _____

Name of Child 2: _____ DOB _____

Name of Child 3: _____ DOB _____

Address: _____

Parent 1: _____ Cell Phone _____

Parent 2: _____ Cell Phone _____

Allergies or other information we may need to know:

Emergency Contact (if different from above):

Name: _____ Relationship to Child: _____ Phone number _____

Cost: \$7/member or \$9/potential member Total: _____

I understand that all reasonable safety precautions will be taken by the YMCA staff. I further agree not to hold the Fergus Falls YMCA, its leaders, employees, volunteers and staff liable for any damages, losses, diseases, or injuries incurred during this activity.

Signature of parent/guardian: _____ Date: _____