

COLUMBUS RECREATION AND PARKS

PARENTAL PERMISSION FORM

I, _____, my son / daughter, _____
(Print Parent or Guardian's Name) (Print Child's Name)
to participate with Staff, and the children from Driving Park/ Moler E.S.
Recreation Leader Recreation Center / Playground
in ALL Summer Activities to be held at CRPD Designated Field Trip Locations
(Activity) (Place)
on ALL Summer2015 from 9:00 (A.M. / P.M.) to 6:00 (A.M. / P.M.).

TO BE SIGNED BY PARENT / GUARDIAN

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant(s) or, injury to participant(s) sustained by participation that result from the operation of this program / activity.

_____(Signature of Parent or Guardian) _____(Date)

Telephone Number: _____ Emergency Telephone Number: _____

COLUMBUS RECREATION AND PARKS

PARENTAL PERMISSION FORM

I, _____, my son / daughter, _____
(Print Parent or Guardian's Name) (Print Child's Name)
to participate with Staff, and the children from Driving Park/Moler E.S.
Recreation Leader Recreation Center / Playground
in ALL Summer Activities to be held at CRPD Designated Field Trip Locations
(Activity) (Place)
on ALL Summer2015 from 9:00 (A.M. / P.M.) to 6:00 (A.M. / P.M.).

TO BE SIGNED BY PARENT / GUARDIAN

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant(s) or, injury to participant(s) sustained by participation that result from the operation of this program / activity.

_____(Signature of Parent or Guardian) _____(Date)

Telephone Number: _____ Emergency Telephone Number: _____

