

**YORK CITY POLICE SUMMER BOWLING
2017
PARENT CONSENT FORM**

This program is open to all children ages 5 to 17 years of age.

Children under the age of 7 years of age **MUST** be accompanied by a parent or guardian.

A separate consent form must be filled out for each child participating in the summer bowling program.

Please make sure your child is wearing socks

Each consent form is valid for the entire summer.

Lunch will be provided

Child's Name _____ Address: _____

Age: ____ Birthdate: _____ Grade _____ Male / Female Shoe Size: _____

Parent/Guardian's Names: _____ Address: _____

Home Phone # _____ Cell Phone # _____

Person to contact in case of emergency:

Name: _____

Relationship to child: _____ Home Phone #: _____

Cell Phone: _____ Work Phone #: _____

Insurance Statement: I understand York City Police Department and staff will not assume any responsibility for any injuries that may occur to my child before, during and after participating in this summer bowling program.

Medical Release: I hereby authorize any immediate and necessary medical treatment be administered to my child for injuries that may be received during this bowling program.

Media Release: I understand that this event is sponsored by the York City Police Department and Colony Park Bowling Lanes, and at times, the local media or assigned staff members may take pictures for promotion reason only.

Parent/Guardian's Signature: _____ Date: _____