THE SHOREFRONT YM/YWHA of BRIGHTON-MANHATTAN BEACH
3300 Coney Island Avenue, Brooklyn, NY 11235

SHOREFRONT
YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

PARENTAL CONSENT FORM

PARTICIPANT INFORMATION:

First Name _____Last Name_____ Date of Birth_____/_____/_____

I give my consent to my son/daughter to volunteer at the Spring Fling Carnival with Women in Need at Bay Family Center in Sheepshead Bay with the Shorefront YM-YWHA:

Shorefront YM-YWHA on the date of **4/2/18** **11:00am-3:30 pm**

Please select one option:

- ☐ After the event concludes, my child **has** permission to leave Shorefront Y on their own, and does not need to be picked up by a parent or guardian.
- ☐ After the event concludes, my child **does not** have permission to leave Shorefront Y on their own, and **must be picked up by a parent or guardian.**

_____ _____/_____/_____
Signature of Parent/Guardian Date

EMERGENCY INFORMATION:

Parent/Guardian's Name _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____ Cell phone: _____

In case of medical emergency I authorize the Shorefront YM-YWHA staff to provide my son/daughter with emergency medical assistance in which case all such expenses incurred will be my sole responsibility. I shall in no way hold the Shorefront YM-YWHA responsible for any financial obligation.

MEDICAL INSURANCE INFORMATION:

Name of Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____ Group Number: _____

You may include a copy of your health insurance card or opt to bring the necessary information with you in case of an emergency.