

LASER TAG
Permission Slip

Child's Name: _____ Sex: _____ Age: _____

Address: _____ Town: _____

Telephone (home): _____ Business: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____ Business: _____

I, the undersigned parent/guardian of the above-named applicant, do hereby give my permission for my child _____ to participate in the following activity: Trip to **Laser Tag** sponsored by the Tenafly Youth Services Summer Camp on **Wednesday July 7, 2010**. I do assume all risks and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the Borough of Tenafly, Tenafly Youth Services Advisory Board, its agents and instructors, Tenafly Youth Services' Staff, Mayor and Council, any or all of them. I do further understand that the Borough of Tenafly, Tenafly Youth Services Advisory Board, Tenafly Youth Services' Staff, and/or the Mayor or Council of Tenafly **do not provide** Accident Insurance for this activity. I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above named child should require such attention during this activity.

We will depart from the Tenafly Youth Center at 9:30am on Wednesday, July 7, 2010 and return approximately at 3:30 pm on Wednesday, July 7, 2010.

Signature of Parent/Guardian

Date