



## CHILD PERMISSION SLIP AND WAIVER FORM

I give my child, \_\_\_\_\_ (the “Child”), permission to participate in the Stein Youth Activation (the “Program”) at Stein Playfield, with the City of Detroit through its Parks and Recreation Department.

On behalf of the Child, myself, and any person or entity who might claim through the Child, I hereby waive any and all claims and liability against the City of Detroit and its departments, officers, employees and agents (collectively, the “City”) and release the City from any and all claims, damages, liabilities, costs, charges, losses and expenses resulting from or connected to the Child’s participation in the Program. I expressly acknowledge and agree that the Child’s participation in the Program is voluntary, and that the Child may stop participating in the Program at any time.

The City is not responsible for any lost or stolen articles.

**Please fill out completely.** Thank you!

Child Name: \_\_\_\_\_ Child Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_