# REACH COMMUNITY & YOUTH AGENCY, INC.

**525 Half Hollow Road, Dix Hills, NY 11746 631-549-9417 Fax 631-549-1272**
**www.reachcya.org email: reachcyainc@aol.com**


## Program Permission Form

***-must be completed by parent/guardian for youth to attend program-***

(Please print)

Youth Name:_____ Phone:_____

Address:_____

Grade:_____ School: _____ Date of Birth:_____

Parent/Guardian name: _____ Alt. Phone:_____

Emergency Contact Name:_____ Phone:_____

EMAIL ADDRESS –To *notify you of program changes, cancellations, special offerings.*

I give my permission for_____ to participate in the following program:

**"Drop In Basketball" for HHH Middle School students**
**Tuesday Nights, October 3, 2017 – June 5, 2017 6:00-7:30pm**
***(Program will be cancelled when school is not in session)***

**At Candlewood Middle School Gym**

I understand:

- The program will be supervised by REACH CYA staff and volunteers.
- The program ends at 7:30 pm. Prompt pick-up is mandatory.
- REACH CYA does not provide any health/hospitalization insurance for my child.
- I give (☐ do not give) permission for REACH CYA to use trip and activity photos of my child in newspapers and other publications.

Please list all allergies, medical conditions or special needs your child has:

_____

"In the event I cannot be reached in a medical emergency, I give REACH CYA staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I release REACH CYA staff, Board of Directors, volunteer chaperones, designated drivers and all funding sources from any liability or legal action. I understand and fully give the consent described above."

Signed:_____ Date:_____

*Parent/Guardian Signature*