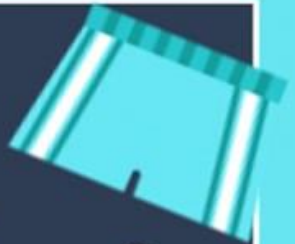




**BOYS & GIRLS CLUBS**  
OF THE COASTAL BEND



# POOL PARTY



**MAY 6, 2021**  **6-9PM**

**FREE EVENT**

**AGES: 13-18**

**BGCCB - GREENWOOD UNIT**  
**3902 GREENWOOD DRIVE, CORPUS CHRISTI, TX 78416**  
**361-853-2505**

**REGISTER: [BGCCB.ORG/BASH](http://BGCCB.ORG/BASH)**



# Permission Slip

**Date:** 05/06/2021      **What:** End of School Bash      **Ages:** 13-18

**Time:** 6:00pm - 9:00pm      **Place:** BGCCB – Greenwood Unit      **Cost:** Free

## End of School Bash

3902 Greenwood Drive, Corpus Christi, Texas 78416

**BGCCB request your permission to allow your child to participate in our Event/Field Trip**

I give my permission for my son/daughter, \_\_\_\_\_, to participate in the Boys & Girls Clubs of the Coastal Bend event/field trip listed above.

## PARENTAL AUTHORIZATION

I understand that although my son/daughter will be supervised by the Boys and Girls Clubs of the Coastal Bend (BGCCB) staff member(s), I do assume the risk in my child's participation in the event/field trip. I acknowledge that I will not seek to have the BGCCB held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the event/field trip. I hereby release and agree to hold harmless the BGCCB, its administrators, managers, staff members, and participants from any claims arising out of my son's/daughter's participation in the event/field trip.

I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.

I have read and understand and accept all of the statements recited above and accept full responsibility as described

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATIONSHIP \_\_\_\_\_ (ADDRESS) \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby grant full permission to any and all of the forgoing to use any photograph, video tapes, motion picture, recordings or any other record of this event for any legitimate purpose.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**No refunds granted under any circumstances**