

NEW YORK STATE PTA

New York State Congress of Parents and Teachers, Inc.
One Wembley Court, Albany, NY 12205-3830
(518) 452-8808 (518) 452-8105 (FAX)

STUDENT PERMISSION SLIP/WAIVER

_____ has my/our permission to
Name of Child
participate in Okte PTA’s After School Enrichment Program,

Please circle one:

Option 1) _____ which starts **Tuesday**,
Name of the course child is taking

January 13th, 2009 and ends Thursday, February 12th, 2009 at Okte Elementary from **3:30 – 4:30 p.m.** The undersigned agrees to pick up their child promptly in the designated classroom at 4:30 p.m. on the days the course is taken. I/we, as parent(s) or guardian(s) of the minor, do hereby, for my son/daughter, _____, myself, my heirs, executors and administrators, remise, release, and forever discharge Okte PTA and the New York State Congress of Parents and otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby, certify that the minor is my son/daughter, _____ and that his/her date of birth is _____, and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that for the above named minor all allergies, medicine reactions or unusual physical conditions should be made known to the treating physician. (If none, please write the work “NONE” otherwise please specify),
_____.

Option 2) Bowling Course which takes place on Thursdays, starting **Thursday, January 15th, 2009 until Thursday, February 12th, 2009 (including Friday, February 6th, 2009)** at Spare Time-Clifton Park (formerly Clifton Park Bowl) from **3:30 – 5:00 p.m.** The undersigned agrees to pick up their child promptly at 5:00 p.m. at Spare Time on the Thursdays the course is taken. I/we, as parent(s) or guardian(s) of the minor, do hereby, for my son/daughter, _____, myself, my heirs, executors and administrators, remise, release, and forever discharge Okte PTA and the New York State Congress of Parents and otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby, certify that the minor is my son/daughter, _____ and that his/her date of birth is _____, and I do hereby certify that the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of

costs. I hereby advise that the above named minor all allergies, medicine reactions or unusual physical conditions should be made known to a treating physician. (If none, please write the work "NONE" otherwise please specify),

Please print clearly and sign accordingly:

Name of Parent/Guardian	Address	City	Phone
Cell Phone	Signature of Parent/Guardian	Date	

Alternate Adult:

Name of Alternate Adult	Address	City	Phone
Cell Phone			