

**LYMES' YOUTH SERVICE BUREAU**  
 PO BOX 589 ~ 59 LYME STREET ~ OLD LYME, CT 06371  
 860-434-7208 Fax: 860-434-1580 www.lysb.org

# Permission Form for LYSB Programs

PARTICIPANTS IN ALL LYSB PROGRAMS MUST COMPLETE THIS FORM PRIOR TO START OF THE PROGRAM.

<i>NAME OF LYSB PROGRAM ATTENDING:</i>			
<i>Child/Student Name</i>		<i>Date of Birth (M/D/Y)</i>	
<i>Address</i>			
		<i>Date of last physical:</i>	
<i>Home Phone</i>			
<i>Siblings attending?:</i>		<i>Date of Birth (M/D/Y)</i>	
<i>Name of caregiver attending with child: (playgroups only)</i>			
<i>Mother's Name</i>			
<i>Mother's phone numbers:</i>	HOME:	WORK:	CELL:
<i>Father's Name</i>			
<i>Father's phone numbers:</i>	HOME:	WORK:	CELL:
<i>Parent email address(es):</i>			
<i>Does child have any allergies, take medication or have a medical condition we should be aware of?</i>			
<i>Custody arrangements we should be aware of?:</i>			
<i>Emergency contact if parents are unavailable:</i>		<i>Phone:</i>	
<i>Race/Ethnicity: (optional -needed for our grant reporting purposes)</i>	<input type="checkbox"/> Causasian/White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other		

PHOTOGRAPHS may be taken during LYSB programs. Do you give LYSB permission for the use of photos for bulletin boards, newspaper articles, LYSB publications, etc?

Yes    No

Lymes' Youth Service Bureau and its staff will do everything possible to ensure the health and safety of those attending programs/events. In the event of injury, I release LYSB and the staff from any liability. I give permission for medical treatment for my child in the event he/she is injured and I cannot be contacted. I will assume all responsibility for costs incurred.

Parent/Guardian signature:

Date: