



**TOWN OF SOUTHOLD**  
**PARENTAL CONSENT FORM**

The Town of Southold is offering a **Youth Drop In Night** this year. This program will run **from December 2019 through April 2020**. Following the event, your child must be picked up at the front entrance. Transportation is not provided.

If you are interested in your child participating, please fill out the bottom section of this notice and return it to the Town of Southold Recreation Center as soon as possible.

**Participants Name:** \_\_\_\_\_

I give permission for my child (named above) to attend the Town of Southold Youth Drop In Nights from December 2019 through April 2020.

As the parent or legal guardian of a participant in the Town of Southold Youth Drop In Nights program, I hereby give my full consent and approval for my child to participate in events sponsored by the Town of Southold. I understand that my child's participation in said program is voluntary. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Town of Southold, its staff, employees, volunteers, supervisors, and representatives from any and all claims, demands, actions, suits, damages, loss and/or expenses of any kind whatsoever arising out of, or in conjunction with, this activity or associated with this program, whether the result of negligence or any other cause.

I further affirm that I have read this form with care and understand its contents. I have also read and fully understand the Town's rules regarding participation in Recreation Department activities. I understand that photos may be taken at program events and grant permission for said photos to be taken of my child for program promotional purposes.

I represent and warrant that I am the parent or guardian of said child (named above) with authority to so consent and to sign this Parental Consent Form.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Date**

**EMERGENCY CONTACT INFORMATION**

**Parent(s)/Guardian(s)**

**Phone Numbers**

**Phone Type**  
**Home, Mobile, etc.**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip


\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)

**COMPLETED FORMS MUST BE RETURNED TO:**  
**Town of Southold Recreation Department, PO Box 267, Peconic NY 11958**