

# **DREAMS 2 LIFE, INC.**

## EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP

Name: \_\_\_\_\_

Activities/Educational/Sport: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Parent:

Please complete & return this form to the Dreams 2 Life, Inc.

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
(Parent Name) (Student Name)

to participate in \_\_\_\_\_ at Dreams 2 Life, Inc.  
(Sport/Educational/Club/Activities).

My signature is evidence that I accept general liability for the participation of my child in the activities or sport identified above and that I agree to indemnify and hold harmless The Dreams 2 Life, Inc. its teachers, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this activity, club, or sport.

If my child is participating in a sport, educational or athletic activity while participating in *Dreams 2 Life, Inc.* programs, my signature is evidence that I understand that each participating student must have a sports physical from a licensed physician on file before the first practice of the first sport played each year. This physical is valid for all sports played for this year only. My signature also evidences that I agree, in the event of a medical emergency, to allow my child to be treated by medical personnel. Students must have completed and signed permission slip and sports physical (if applicable) before they will be permitted to participate in the above activities, or sport.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*Students without permission slips (and sports physicals, if applicable, will not be allowed to participate. No exceptions will be made.)*