

**BOYS & GIRLS CLUB OF CLIFTON, INC.**  
**2022 - 2023 PERMISSION SLIP**  
**(973) 773-2697**

We (I) \_\_\_\_\_ residing at \_\_\_\_\_ in consideration of the benefits to be gained by our (my) child \_\_\_\_\_, hereby consent to our (my) child's participation in **NJ Tutoring Corps, Summer 2023, Tutoring Program** at the expense of and under the sponsorship, auspices, direction, control and jurisdiction of ***The Boys & Girls Club of Clifton, NJ, Inc.*** its agents, servants and employees.

In further consideration of the benefits to be gained by our (my) child, we (I) covenant that we (I) will never, individually or as legal guardian(s) of our (my) child, institute any action at law or in equity against ***The Boys & Girls of Clifton, N.J., Inc.*** its agents, servants and employees, on account of any injury or other loss or damage sustained or that might be sustained by us (me) or by our (my) child as a result of our (my) child's participation in NJ Tutoring Corps. Summer 2023, Tutoring Program covenant may be pleased used by ***The Boys & Girls Club of Clifton*** as a defense to any action or proceeding that may be brought or instituted by us (me), our (my) heirs or legal representatives in breach of this agreement, we (I) hereby give our (my) consent, in the event all reasonable attempts to contact us (me) at:

Home #: \_\_\_\_\_, employer #: \_\_\_\_\_,

Cell #: \_\_\_\_\_, other #: \_\_\_\_\_

Have been unsuccessful for the administration of any medical or dental treatment deemed necessary for our (my) child by any licensed physician or dentist and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery is obtained prior to the performance of such surgery. The following information is needed by any hospital, physician or dentist not having access to the child's history:

ALLERGIES: \_\_\_\_\_

MEDICATIONS BEING TAKEN: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

PHYSICAL IMPAIRMENTS: \_\_\_\_\_

OTHER IMPORTANT MEDICAL PROBLEMS PHYSICIANS SHOULD BE AWARE OF: \_\_\_\_\_

If this agreement is signed by only one person, that person represents that he or she is the only person having custody of the minor child named herein and that no other person's agreement or authorization for the purposes hereof is required.

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

**Child's Name (Please Print):** \_\_\_\_\_

**Tutoring for Math:** \_\_\_ **Literacy** \_\_\_\_\_

**Arts:** \_\_\_ **Both:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_

**Current grade (as of June)** \_\_\_\_\_