

**PARENT/GUARDIAN PERMISSION FOR MINOR CHILD TO PARTICIPATE
IN ASSISTANCE LEAGUE/ASSISTEENS® AUXILIARY ACTIVITIES**

I, _____, hereby grant permission for my child _____
to participate in the following Assistance League of Long Beach, activity or function: Assisteens
Auxiliary, under the supervision of the Assisteens Coordinator and/or any other adult in charge.

I further agree to assume responsibility for any liability that may arise out of ordinary negligence
or otherwise, with the exception of acts of gross negligence, or intentional, willful or wanton
misconduct.

Consent Regarding Transportation

_____ has my permission to travel to and from Assisteens Auxiliary
activities and events during the 2015 - 2016 year (check all that apply):

- with any adult driver over 21. I volunteer to serve as an adult driver.
 may only drive her/himself. may drive with an Assisteens member in the car.*
 with an Assisteens member who is a licensed driver.*

*During the first 12 months after a minor is licensed he/she cannot transport passengers under age 20
unless they are accompanied by a parent or guardian or a licensed driver 25 years of age or older.

Consent for Emergency Medical/Dental Treatment

I warrant that the aforementioned child is in good health and possesses the requisite skills
and/or abilities to participate in said Assistance League/Assisteens Auxiliary activity or function.
I understand every effort will be made to contact me in case of a medical and/or dental
emergency while participating in an Assistance League/Assisteens Auxiliary activity or function.
In the event that I cannot be reached, I hereby authorize the adult in charge of the activity or
event to obtain emergency medical and/or dental treatment for my child.

Physician _____ Phone _____

Dentist _____ Phone _____

Parent/Guardian Contact Information

Name _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cell Phone _____

Additional person to contact in an emergency:

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/guardian signature

Date