



Permissions Form



Please use this form to provide permission for the following: Off-Campus, transfer between buildings, authorized agencies (i.e. therapists, DCS, mentors, etc.).

Before we will accept the form it must be completed entirely. REMINDER, this will stay on file until we are otherwise notified. Please keep us updated and information current.

ANY CHANGES MADE DAY OF MUST BE MADE BEFORE 3 pm.

Member Name _____

School _____ Age/ Grade _____

Parent/Guardian Name _____ Phone # _____

I _____ give BGCN permissions (as marked below) for my child(ren). I understand that these permissions will be followed until I otherwise notify the BGCN in writing.

- **Off-Campus Permission** (allowing them to leave whenever they would like) _____ (Initial)
- **To be transferred from Club to Community Center** (allowing them to be escorted to the other building by a BGCN staff) _____ (Initial)

Basketball ___ Volleyball ___ Cheerleading ___ Other _____

Coaches Name _____

Provide the days and times you are allowing your child over _____

Does your child need to come back to the Club side? _____

- **Authorized Agencies** (allows the people specified below to visit or pick up) _____ (Initial)

List all representatives and agencies that you authorize to visit your child:

Name _____ Agency _____ Off-Campus _____

Parent/ Guardian Signature _____ Date _____