



Smith River Sports Complex

Student Volunteer Permission Slip (required for students under the age of 18)

Name _____

Address _____

City, State, Zip _____

Cell Phone _____ DOB _____

EMAIL Address _____ Grade/School _____

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

Please indicate if your child has any special concerns that we need to be aware of, e.g., allergies:

I give permission for my son/daughter _____ to participate as a volunteer at the Smith River Sports Complex.

I do hereby accept full responsibility for any and all liability resulting from these activities. I further agree not to hold the Smith River Sports Complex liable for any injury sustained by my child.

I also give permission for SRSC staff to take photos and other visual and/or audio recordings of my child and consent of releasing and showing the materials as they deem appropriate.

Signature of Parent/Legal Guardian Date