

Field Trip Permission Form

I		hereby certify that I	am the legal Parent/Guardian
(Parent/Gu	ardian Name)		Ü
of(Student Name)		, that I give my consent to allow my child to	
participate in the fol	lowing East Bay	Asian Youth Center – s	ponsored activity:
Name of Activity: _			
EBAYC Program: _			<u> </u>
Date: _			
Time: _			
release and discharge claims, demands, and	the East Bay Asia causes of action o	n Youth Center, its office of any kind whatsoever w	executors and administrator, fully rs, agents, and employees from all hich may be sustained as a result Youth Center – sponsored activity
selected by the East B	ay Asian Youth Ce	enter staff to hospitalize, s	give my consent to the physician secure proper treatment for, use my child as named on this form.
Parent/Guardian Name	Par	ent/Guardian Signature	Cell or Home Phone Number
Parent/Guardian Name	Par	ent/Guardian Signature	Cell or Home Phone Number