

RSVP and Permission Form

EVENT: _____ DATE/TIME: _____

Name / Age of Children who will be attending:

Name of Adult(s) Attending: _____

Phone _____

Email: _____

Total amount attached: \$ _____ **

** Please make all checks payable to BVECPTA and send / deliver signed form with payment to the individual who is organizing this event.

LIABILITY RELEASE

(MUST be signed for child participation)

I understand that I am responsible for the children that I am bringing to this field trip / special event and hereby will not hold liable either Bay Village Early Childhood PTA or the City of Bay Village / Rec Dept. for any injuries of any kind and for any reason as a result of attending the above referenced field trip / special event.

Signature: _____ Date: _____

RSVP and Permission Form

EVENT: _____ DATE/TIME: _____

Name / Age of Children who will be attending:

Name of Adult(s) Attending: _____

Phone _____

Email: _____

Total amount attached: \$ _____ **

** Please make all checks payable to BVECPTA and send / deliver signed form with payment to the individual who is organizing this event.

LIABILITY RELEASE

(MUST be signed for child participation)

I understand that I am responsible for the children that I am bringing to this field trip / special event and hereby will not hold liable either Bay Village Early Childhood PTA or the City of Bay Village / Rec Dept. for any injuries of any kind and for any reason as a result of attending the above referenced field trip / special event.

Signature: _____ Date: _____