



**SPOON'S SUMMER LEAGUE AT
BAYVIEW PARK
A CITY RECREATION PROGRAM**

PLAYER NAME _____ **AGE** _____

I, THE UNDERSIGN, GIVE MY CHILD PERMISSION FOR:

- **MY CHILD TO PARTICIPATE IN THE SPOON'S LEAGUE AT BAYVIEW PARK**
- **MY CHILD TO PARTICIPATE IN ANY FIELD TRIPS DURING THE SPOON'S LEAGUE SUMMER BASKETBALL LEAGUE**
- **MY CHILD TO BE PHOTOGRAPH AND APPEAR ON SPOON'S WEBSITE AND FACEBOOK PAGE**
- **Wavier: I hereby authorize the directors and workers of Spoon's League to act in my behalf according to their judgment in any emergency situation requiring medical attention of the child/children mentioned above. I also submit that my son/daughter is physically and mentally fit to participate in this summer activity. I relieve this program, The City of Erie, all sponsors and volunteers harmless if any unfortunate situation occurs that may cause my son/daughter harm.**

LEGAL GUARDIAN OF CHILD (PRINT NAME)

RELATIONSHIP TO CHILD

SIGNATURE OF LEGAL GUARDIAN

DATE

PHONE #