



Urban Impact of Black Rock



Prime Time Permission Slip

I, _____, the parent/guardian of _____, would like for my son/daughter to participate in the off-site mentorship outings through the Prime Time Mentorship program at Longfellow School. I understand that my child(ren) will be under the care of Prime Time Mentor(s) during this outing. I understand all rules upheld during Prime Time at Longfellow School, will also apply during outings, and he/she will be required to respect and follow all the rules of the program.

With respect to outings, you can expect the mentor(s) to contact you, and inform you of the details (location, time, duration, cost, transportation, etc.) prior to the date in which the outing will occur. Some examples of outings may be trips to the movies, bowling, amusement parks, etc. Please provide the mentor with appropriate contact information to reach you and in the event of an emergency, please also provide emergency contact information.

Parent/Guardian's Name: _____ Phone Number: _____ Cell Number: _____ In case you cannot be reached, please give two (2) other emergency contact names: Name: _____ Number(s): _____ Name: _____ Number(s): _____ _____ I allow the Prime Time Mentor(s) to drive my child if the occasion arises. <small>(please check)</small>

Please obtain the contact information of the mentor(s) who will be responsible for your child(ren) in the event that you need to contact them.

Should you have any concerns, questions, or comments please do not hesitate to call the Program Director, Ms. Janet Mowka 203-339-5772.

(Signature of Parent/Guardian)

(Date)

I hereby give my permission for all the children listed above to ride with designated Urban Impact drivers, participate in activities and/or attend any Urban Impact sponsored function. I understand that the children listed above will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless Urban Impact of Black Rock or any organization involved in the days activities. By signing this permission slip, I release and hold harmless it's trustees, officers, employees, interns and any volunteers from any liability, past or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached.