

| I give permission for my child | to |
|-------------------------------------------------------------------|---------------------|
| participate in <i>Adventures in Roller Skating</i> on Friday, Jul | y 19, 2024, 1-3 PM |
| In case of emergency, | |
| I can be reached:, | |
| (Cell phone #) | (Home #) |
| Emergency contact person if I cannot be reached: | |
| (Name) | |
| (Phone #) | |
| Who will be dropping off and picking up? | |
| | |
| Parent/Guardian's Signature | |
| | |

Additional Notes:

- Address: Greenport American Legion 102 3rd St., Greenport, NY
- Please be on time when dropping off and picking up
- Optional: bring money for the concession stand. There will be ice pops for everyone.