Larry J. Ringer Library

City of College Station

Permission Slip

Name of Event: ____Larry J. Ringer Library Teen Pool Party_____

Location of Event: _Adamson Lagoon

Event date: _____Monday, August 2, 2010_____ Time: _____7:30 to 9:30 p.m.__

I hereby give _____ permission to swim at
Youth's Name Adamson Lagoon.

Age _____ Fall 2010 grade level _____
(Spring/Summer 2010 graduates: put "graduated")

_____ _____
Date Parent Signature

Please list an email address and/or cell phone number that we can send/text you a reminder message for this event.

Email: _____ Cell # (Text): _____

Emergency Medical Release

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the City of College Station Representative to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for _____.

_____ _____ _____
Date Signature Relationship to child

In case of emergency contact:

Name: _____ (#) _____

(#) _____