

**Building Horizons – 2010/2011 Program**  
**Permission Slip and Participant Agreement**  
Must be completed by a Parent or Guardian and Participant

My child \_\_\_\_\_ has my permission to take part in the 2010/2011 Building Horizons Crime Prevention Program. My child will listen and obey all rules of the Building Horizons Program. Building Horizons will be open Monday-Friday, 9:00 AM to 6:00 PM\*. This program is not designed to be a babysitting service or a daycare. Please come by and check on your child through out the day. Parents are encouraged to visit/participate at the Building Horizons program with their child. We are not responsible for your child out in the park, or if the child leaves the building.

In the event of illness or injury, I do hereby give consent to whatever Medical, Surgical or Dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending Physician, Surgeon, or Dentist and performed by or under the Supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand and assume all the above-mentioned risks, will hold the Round Valley Indian Housing Authority, and its officers, Agents, and Employees harmless from any and all liability or claims which may rise out of or in connection with a trip, transportation, or participation by RVIHA. The terms thereof shall serve as a release and assumption of a risk of my heirs, executor and administrators and for all the members of the family.

I fully understand that participants are to abide by all rules and regulations governing conduct while participating in Building Horizons program and activities. Any violations of these rules and regulations can result in the participant not being allowed to be participate in the Building Horizons Program and future activities associated with Building Horizons. If my child does not follow the established rules, then he/she may be sent home or a phone call to parent to pick up the child.

**Emergency Information**

**Childs Full Name:** \_\_\_\_\_ **Gender:** M / F **DOB:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Secondary Emergency Contact Name/Number:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Food Allergies/Medical Conditions:** \_\_\_\_\_

**Tribal Affiliation:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

I Do: /  I Do not: authorize the release of grades, test scores, progress reports, and other student records that Building Horizons needs to develop/monitor tutorial plans for my child. Grade: \_\_Teacher: \_\_\_\_\_

I Do: /  I Do not: authorize Building Horizons to transport my child.

**Participant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please remember children eight years of age and younger need parent supervision.

\*Program Hours subject to change.