

# REGISTRATION AND PERMISSION FORM

Event: Stone Ridge Community Teen Pool Party Date: August 07, 2021

Event Location: Greenstone Pool area, 41995 Greenstone Drive, Stone Ridge Time: 6p.m.—9:00p.m.

Resident?  
Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Yes No  
Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Yes No  
Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Yes No  
Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Yes No

Address: \_\_\_\_\_

Parent/Legal Guardian

Name: \_\_\_\_\_

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

Cell: (     ) \_\_\_\_\_ Email : \_\_\_\_\_

Parental Consent:

(I) (We), the undersigned, parent(s)/Legal Guardian(s) of a minor(s), do hereby consent to said Minor(s) participating in the Stone Ridge Community event.

This authorization shall remain effective from the arrival of my child/children and visiting house guest(s) until (He) or (She) or (They) leave the event location according to the Parent/Legal Guardian decision. Please select the following options.

**PLEASE NOTE THAT YOUTH(S) WILL NOT BE ALLOWED TO LEAVE DURING THE EVENT WITHOUT PARENT/LEGAL GUARDIAN!**

- ◇ Drop off child/children by Parent/Legal Guardian Yes No
- ◇ Other way of arrival (Please explain) \_\_\_\_\_
- ◇ Pick up child/children by Parent/Legal Guardian Yes No
- ◇ Other way of departure (Please explain) \_\_\_\_\_

Parent/Legal Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED PRIOR TO THE EVENT (AT THE ASSOCIATION OFFICE) OR AT THE EVENT'S CHECK IN!**