



New Milford Youth Agency 2026-27 Permission Slip and Emergency Information

This form gives your child access to all New Milford Youth Agency programs, activities and events through July 1, 2027

Participant's Name: _____ DOB: _____ Age: _____ Gender: _____

Mailing Address: _____ School: _____ Grade: _____ Bus (PM): _____

Parent/Guardian: _____ Email: _____ Phone: _____

Parent/Guardian: _____ Email: _____ Phone: _____

Additional Contact Info (home phone, etc.): _____

Additional Emergency Contact Numbers: _____

Participant's Cell Phone/email (if applicable): _____

Parent Concerns (allergies, illness, restrictions, etc.): _____

Please check here if you do NOT want your child's name or photo published ☐

Please check here if your child does NOT have permission to fill out anonymous surveys ☐

Please check here if you do NOT wish to be added to our email list for future programming info ☐

Emergency Care Authorization- I hereby authorize the New Milford Youth Agency and the Town of New Milford, its officials, agents and employees to provide, when necessary, emergency first aid while my child or I are engaged in programs under the supervision of the Agency staff. Further, I authorize them to seek appropriate medical aid and treatment for my child or I at any time they believe an emergency exists. I understand that emergency transportation may be provided by an ambulance, an agency vehicle, or a staff member's private auto as deemed necessary by the person in charge.

Legal Authorization and Consent for Above Items:

Signed _____ Date: _____

Hold Harmless Agreement- I by these presents do, for myself and my child, our heirs, assigns and executors and/or administrators hold the Town of New Milford, all town agencies and departments including, without limitation, the New Milford Youth Agency, their servants, employees and volunteers, free, harmless and indemnified from all claims, lawsuits, actions, and/or demands for damages, that I and/or my child have or may have or which may hereinafter accrue for bodily injury, death, and/or property damage as a result or claimed to have occurred as a result of my child's participation in the programs provided by the Youth Agency, and covenant and agree not to sue the Town or any of its agencies and/or persons.

Legal Authorization and Consent for Above Items:

Signed _____ Date: _____

OPTIONAL

We provide information from this form to the State of CT Dept. of Education and Dept. of Children and Families for statistical and reporting purposes.

<u>Race</u>	<u>Ethnicity</u>	<u>Family</u>
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> 2 birth/adoptive parents <input type="checkbox"/> On own
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Step & birth parent <input type="checkbox"/> Joint custody
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Unknown	<input type="checkbox"/> Single parent female <input type="checkbox"/> Other
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Single parent male
<input type="checkbox"/> Multi racial		<input type="checkbox"/> Grandparent
<input type="checkbox"/> White		<input type="checkbox"/> Relative/Guardian
<input type="checkbox"/> Other		<input type="checkbox"/> DCF guardianship
<input type="checkbox"/> Unknown		<input type="checkbox"/> Foster parent

Does your child receive free or reduced hot lunch? _____

Does your child have an IEP? _____

How did you hear about the New Milford Youth Agency? _____