

Pete's Place Resident Parental Consent Form

Teen's Name: _____ Anticipated Year of Graduation: _____

Address: _____ Colonial Heights, VA 23834

Cell Phone #: _____ Date of Birth: _____

School Currently Attending: _____ Grade Level: _____

By submitting this form, I acknowledge and agree to the following:

- » I am the Parent/Guardian of the Youth named on this form.
- » I accept complete responsibility for the conduct of my child while at Pete's Place.
- » I acknowledge that I have the opportunity to attend the Teen Center and supervise my child at any time.
- » I acknowledge that no medical insurance is provided for any youth at Pete's Place.
- » I expressly hold harmless all persons and government organizations from any incident that may occur to my child while participating at Pete's Place.
- » I certify that I, the teen's parent/guardian, reside within the City of Colonial Heights, and that my teen is eligible for enrollment in the Colonial Heights Public School System.
- » I consent to having my teen's picture taken for the use of identification, use of electronic media and in print publications that the City of Colonial Heights choose to release.
- » I understand that my child is free to enter and leave the premises at their leisure and that the City of Colonial Heights assumes no responsibility.

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____
Colonial Heights, VA 23834

Contact Numbers: () - - (C) () - - (w) () - - (h)

Parent/Guardian's Email: _____

Parent/Guardian's Signature: _____ Date: _____

Teen's Five: (Please list up to five Teen's that are non-residents of Colonial Heights that can be granted entry into the teen center with your teen. All Guest will also need to have their parent/guardian fill out a Guest Parental Consent Form and will have to pay a \$5.00 entry fee per visit to enter.)

Guest 1: Name _____	Age: _____	City: _____
Guest 2: Name _____	Age: _____	City: _____
Guest 3: Name _____	Age: _____	City: _____
Guest 4: Name _____	Age: _____	City: _____
Guest 5: Name _____	Age: _____	City: _____