

Pete's Place Parental Consent Form for Guest

Guest's Name: _____ Anticipated Year of Graduation _____

Address: _____

Cell Phone #: _____ Date of Birth: _____

School Currently Attending: _____ Grade Level: _____

I Am the Guest of of: (List the names of Colonial Heights Residents that you will be accompanied by)

- ❖ Colonial Heights: _____
- ❖ Colonial Heights: _____
- ❖ Colonial Heights: _____

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 my child can only attend as a guest of one of the above individuals and that he/she must also leave when they exit the premises.
- » I acknowledge that my child will be charged \$5.00 to enter per visit and that it must be provided in exact change.
- » 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: _____

Address: _____

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

Parent/Guardian's Email: _____

Parent/Guardian's Signature: _____ Date: _____