



# BIRTHDAY PARTY PERMISSION SLIP

In consideration of my child's participation in a birthday party held at (BCBA) for

**BIRTHDAY HONOREE'S NAME:**

**DAY:**

**DATE:**

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S DOB
GUARDIAN'S FIRST/LAST NAME (MOM)		
ADDRESS	CITY	ZIP
HOME #	CELL #	
EMAIL		
GUARDIAN'S FIRST/LAST NAME (DAD)		
ADDRESS	CITY	ZIP
HOME #	CELL #	
EMAIL		
PHYSICAL LIMITATIONS OR ALLERGIES:		

To the extent permitted by law and knowing the risk of this activity, I hereby release, waive, forever discharge and agree to hold harmless **BCBA** and their officers, agents, employees, sponsors and the landlord of the facility where activity takes place from any liability whatsoever arising out of my child's participation in any activities, including but not limited to, medical bills, court costs and attorney's fees, any damage to my property or the property of others, or to others through my child's participation in the/any activities run here at **BCBA**.

I agree to allow **BCBA** (Community Boxing Center Inc.), to use the likeness of my child in photographs and/or video for advertising and promotional purposes only without compensation to me or my child. No names will be used in any promotional materials.

**GUARDIAN'S SIGNATURE HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NY LICENSE #** \_\_\_\_\_

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