



MCCA Center: _____

After School Extra-Curricular Permission Form

Child's Name: _____ Child's Grade: _____

Child's Elementary School: _____ Child's Elementary School Teacher: _____

My child has the following extra-curricular activities:

Activity	Location	Day of the week	Time Begins	Time Ends	Date Begins	Date Ends

Please check all that apply:

_____ I give permission for my child to travel un-escorted to and/or from the MCCA program to participate in this activity. As stated in Office of Child Care Regulation, this option is **only available** for children in the first grade or older.

_____ My child will be picked up by the following individual to be transported to the activity:

Name: _____ Relationship to the child: _____

Phone number: _____

_____ My child will be returning to the MCCA program after the activity

I/We authorize and consent to our child's participation in the above activity. I/we assume the risk to my/our child that may occur from the above described activity. I/we agree to assume all risk associated with participation in this activity, and I/we shall indemnify and hold harmless MCCA and its agents, employees, officers, and directors, either collectively or individually, from all claims, costs, suits, actions, judgments, and expenses arising from my/our child's participation in this activity.

Family Member's signature: _____ Date: _____

Received by: _____ Date: _____

(Staff Initials)