

**Share Mentoring Program
Information/Permission Form**

Child's Name: _____ Birthdate: _____

Address: _____

City: _____ Phone: (_____) _____

Physical Description: _____ ft _____ in _____ lbs. Eyes: _____ Hair: _____

School: _____ Grade: _____

Mother's Name: _____ Phone: (_____) _____

Address: _____

Father's Name: _____ Phone: (_____) _____
(City) (Zip)

Address: _____

Parent's marital status: _____ Minor lives with: _____
(City) (Zip)

Names and ages of brothers and sisters: _____

Language(s) spoken at home: _____ Ethnicity: _____

Child's interests: _____

Any special medical conditions that should be noted: _____

I, as parent or legal guardian of _____, give my permission for her/him to participate in the Share Mentoring Program for a period of at least six months.

I understand that my child may at times be transported in private vehicles by program volunteers.

I understand that the Share Mentoring Program has certain risks and hazards inherent with the mode of travel and the places to which my child may travel. I certify that, to the best of my knowledge, my child is physically, mentally and emotionally capable to participate in said program. I further agree to direct my child to conform to the fullest with the instructions of the officials in charge.

In consideration of the above participation, I hereby release and hold harmless the City of Duarte, their employees, any volunteers who may assist in said direction, from any and all liability, which may occur by reason of their participation.

Parent/Guardian _____
Signature Date