



**Parent/Guardian Permission Slip for Minor to Volunteer at the
29th Annual Long Island Festival of Trees
(To be completed by your parent or legal guardian – Please Print)**

I give my permission for my child to assist as a Volunteer at the 29th Annual Long Island Festival of Trees to support Cerebral Palsy Association of Nassau County.

Child's Last Name: _____ First Name: _____

Address: _____

Home Telephone Number: _____

Age: _____ Male: ___ Female: ___

In Case of Emergency Contact: _____ Contact Number: _____

Are there any special medical considerations that we need to know about or concerns? ___ YES ___ NO

Explain: _____

Is your child volunteering for School or Program Community Service Hours? ___ YES ___ NO

If Yes, which School? _____

Release: I, by submitting this signed permission slip, understand that CP Nassau is no way responsible for any injury or theft that may occur during the course of my child's duties as a volunteer. I release CP Nassau of responsibility for any and all damage to persons/vehicles used during the course of my child's volunteer services. Also I acknowledge that the information above is correct.

Parent's Signature Date

Print Parent's Name Date

Volunteers' Signature Date

