



The Good Fight Community Center

Permission Slip

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Emergency Phone _____

Any Allergies _____

Trip Date: _____

Is Your child a member of the Good Fight Community Center? YES NO

Will you allow your child to participate? YES NO Parent or Guardian
 Signature _____

What Activity is this for? : _____

School

School _____ Address: _____

Grade _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that I am the parent or legal guardian of the above-named student

Parent or Guardian Signature: _____ Date: _____