

Permission to Travel Home Alone

Program Name: _____

Program Dates: _____

Participants First and Last Name: _____

Participants Date of Birth: _____

The Parent/Guardian (named below) authorizes the Dependent (named below) to leave independently, without the supervision of a guardian, the Program (named below) operated by the City of New Westminster Parks and Recreation department. This permission slip is valid for the dates of the session listed below.

Without a signed permission form, children 11 years and under will not be dismissed unless a guardian 16+ years is in attendance.

Parent / Guardian Signature: _____

Parent / Guardian Name (printed): _____

Signed Date: _____

Parent / Guardian Phone Number: _____