

Emergency information sheet • 19

RETURN FORM TO: Department of Community Services Town Offices, 2nd Floor 36 Bartlet Street, Andover, MA 01810	CONTACT US AT: Office: 978-623-8274 Fax: 978-623-8275 www.andoverma.gov/dcs	IMPORTANT: This form must be on file at the DCS office for all youth programs. Please submit an updated form as needed or every two years. Birth Certificate is required for preschool age child.																																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Child's Information • Please Print Legibly </td> <td style="width: 50%; border: none;"> Parental/Guardian Consent & Release Form </td> </tr> <tr> <td style="border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Child's Name: First, Middle, Last</td> <td style="width: 40%; border-bottom: 1px solid black;">Home Telephone</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Street Address</td> <td style="width: 25%;">Town</td> <td style="width: 25%;">Zip Code</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">M F</td> <td style="text-align: center;">/ /</td> <td></td> </tr> </table> </td> <td style="border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mother/Guardian's Name</td> <td style="border-bottom: 1px solid black;">Cell or Work Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Father/Guardian's Name</td> <td style="border-bottom: 1px solid black;">Cell or Work Number</td> </tr> </table> </td> <td style="border: none; vertical-align: top; padding: 10px;"> <p>I, the undersigned of my child, a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Community Services Division.</p> <p>On behalf of myself and my child, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Community Services Division (the "Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Community Services Division.</p> <p>On behalf of myself and my child, I also promise to indemnify, defend and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Andover's voluntary programs in its Community Services Division.</p> <p>I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. 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