

**Town of Deerfield Recreation Program
6329 Walker Road
Deerfield, New York 13502
'2021**

Dear Parent/Guardian:

No one will be allowed to participate in any program event without a completed and signed permission slip

Your son/daughter has indicated a desire to participate in a program sponsored by the Deerfield Recreation Program.

The Town of Deerfield Recreation program does not provide medical insurance for the participants in the event of injury. Please understand that hospital or medical fees will be your responsibility through your own insurance.

Please understand that a statistical risk of injury exists in all outing events. All people who participate in The Deerfield Youth Program will participate at his/her own risk.

Please read, complete, and return this permission slip if you wish to have your son/daughter participate in The Deerfield Recreation program.

Karen Day
Recreation Director

Signature of Parent or Guardian

_____ date _____