



2018 Order of Manitoba Recipient

646 Portage Ave Ph: 774 – 0451 wbyokidz@gmail.com www.westbroadwayouthoutreach.com



January/February 2020 Permission Slip



Permission Slip due January 6th. NO LATE SLIPS ACCEPTED

Please use a second permission slip if you are registering more than 4 children

CHILD 1

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address:
Current School:	Please Circle: M / F / Other	
Parent First and Last Name: Parent Ph. Number: Parent Email:		
Emergency Contact Name and Ph. Number:		

CHILD 2

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address (if different from above):
Current School:	Please Circle: M / F / Other	

CHILD 3

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address (if different from above):
Current School:	Please Circle: M / F / Other	

CHILD 4

Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address (if different from above):
Current School:	Please Circle: M / F / Other	

If parent contact or emergency contact is different for each child, please specify here:

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****TURN PAGE OVER. SIGNATURE ON BACK SIDE OF PERMISSION SLIP REQUIRED****

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THE 9019 CHALLENGE OF 2019!





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WBYO Winter Reminders:

- 1) Everyone is welcome!
- 2) Please get this permission slip in to WBYO by **January 6th, 2020**
- 3) **February 17 Program Closed**
- 4) Grocery Giveaway is now every Wednesday from 8:15-8:30pm at 646 Portage
- 5) Family Movie Nights – First Tuesday of every month 6pm
(come in and vote for your choice of movie now!!)

Our Program is FREE!!!

****Bookworms Outings for children who have read 10 books or had 10 Homework Club visits only****

January/February 2020 Permission Slip

West Broadway Youth Outreach requests your signature on the permission slip below for your child/ren to attend the following events:
Please Circle Y or N for each Outing



9019 CHALLENGE For all WBYO readers (with 19+ books)	December 31 to Jan 1	12noon to 2am	Y / N
Movie Book Club Outing My Spy	January 10	5:30pm to 9:30pm	Y / N
26th Annual Flight Lessons!!	January 16	4pm to 9pm	Y / N
Movie Book Club Outing The voyage of doctor Dolittle	January 17	5:30pm to 9:30pm	Y / N
Wacky Wednesdays (For Homework kids only)	January 29	4Pm to 6Pm	Y / N
Movie Book Club Outing Birds of prey	February 7	5:30pm to 9:30pm	Y / N
Valentine's day dance in Mulvey School gym (All family members are welcome)	February 13	5:30pm to 8:30pm	Y / N
Movie Book Club Outing-Sonic the Hedgehog	February 14	5:30pm to 8:30pm	Y / N
Movie Book Club Outing-The call of the wild	February 14	5:30pm to 8:30pm	Y / N
Wacky Wednesdays (For Homework kids only)	February 26	4Pm to 6Pm	Y / N
Annual super slide and swim!! Meet at 646 Portage Avenue!!!!	February 27	4pm to 9pm	Y / N

Photo Release

I give my permission for West Broadway Youth Outreach Inc. to use for such purposes as they may see fit in connection with educational programs, fundraising campaigns and advertising, the photographs and/or films, and/or recordings of my child/ren, for reproduction in newspapers, magazines, posters, sketches, line drawings, movies, slides on radio and television, and all other media forms. I waive interest or right of payment for same. I am donating the photographs and or/films and/or recordings to West Broadway Youth Outreach Inc. in consideration of and as an implied contribution to the community's best interest.



Yes ___/ No ___ Parent/ Guardian' s Signature: _____

Transportation & Outing Waiver

My child/ren may be transported by the public transportation system, personal vehicles, or in the case of an emergency by ambulance or taxi cab. In the case of an accident or injury I will not hold the staff and volunteers of West Broadway Youth Outreach Inc. responsible. In addition in case of an emergency, I give the program staff authority to obtain immediate medical attention for my child/ren and I will accept all costs incurred for my child/ren as a result of the injury. If my child/ren leaves the outing, the staff and volunteers of West Broadway Youth Outreach Inc. will not be held responsible for any injury to my child/ren from the point that the child/ren leave(s) the supervision of West Broadway Youth Outreach Inc. staff and volunteers. I also understand that my child/ren will be missing up to 15 outings as a result of leaving the outing.



Yes ___/ No ___ Parent/ Guardian' s Signature: _____

Permission Slip due January 10th. NO LATE SLIPS ACCEPTED

