



2018 Order of Manitoba Recipient

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



November/December 2019 Permission Slip



Permission Slip due October 25th. NO LATE SLIPS ACCEPTED

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	Country of Origin: (optional)
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:
Current School:	Please Circle: M / F / Other	Country of Origin: (optional)

CHILD 3

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	Country of Origin: (optional)

CHILD 4

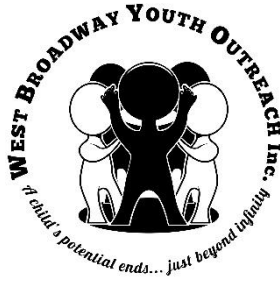
Child First Name:	Child Last Name:	Child Birth date (MM/DD/YYYY):
Child Medical No. (9 digits):	Allergies/health concerns:	Home Address:
Current School:	Please Circle: M / F / Other	Country of Origin: (optional)

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

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****TURN PAGE OVER. SIGNATURE OF**

Please use a second permission



MISSION SLIP REQUIRED **

for bringing more than 4 children



1) Get this permission slip in to WBYO by
October 28rd, 2019

2) Grocery Giveaway is now every Wednesday from 8:15-8:30pm at 646 Portage

3) Tuesday December 19 program Closed

4) November is Homework Club Month! The Top 5 kids who bring the most new friends wins a night at Flying Squirrel and many other prizes!

5ish Registrants will be prioritized

Our Program is FREE!!!

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

November/December 2019 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

Movie Book Club Outing ARTIC JUSTICE	November 8 th	530-930pm	Y / N
Movie Book Club Outing CHARLIE ANGELS	November 15 th	530-930pm	Y / N
Movie Book Club Outing FROZEN	November 22 th	530-930pm	Y / N
November Bookworms/Homework Club Outing	November 25 th	5pm-8:30pm	Y / N
Homework Club Holiday Shop	December 11 th	5:30-6:30 PM	Y / N
Movie Book Club Outing JUMANJI THE NEXT LEVEL	December 13 th	530-930pm	Y / N
Holiday Party @ Mulvey School Gym	December 19 th	5:30-8:00 PM	Y / N
Movie Book Club Outing STAR WARS THE RISE OF SKYWALKER	December 27 th	530-930pm	Y / N
Movie Book Club Outing SPIES IN DISGUISE	December 27 th	530-930pm	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:

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