



# YOUTH AND FAMILY SERVICES

322 MAIN STREET  
OLD SAYBROOK, CONNECTICUT 06475  
(860) 395-3190 · FAX (860) 395-3189  
[www.oldsaybrookct.org/youth](http://www.oldsaybrookct.org/youth)

**Registration and Permission Form to Participate in OSYFS Youth Craft Booth at  
Estuary Senior Center Craft Show Saturday, November 19, 2016  
*Return form to Youth and Family Services by November 10th***

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ and Email \_\_\_\_\_

**Please provide in the space below information about the art/craftwork you are offering for sale. (Please note the Senior Center requires that items offered are handmade - though you may sell copies of your original work as prints or notecards).**

\_\_\_\_\_  
\_\_\_\_\_

*Space is limited - we will have one table in a fixed space provided by the senior center – up to 10 students may participate.*

**The craft fair is scheduled for 8 am – 1 pm.**

**NOTE: Children under the age of ten need to be chaperoned by a parent/guardian.**

- Please check here if you do **NOT** want your child's name or photo published.
- Please check here if your child does **NOT** have permission to fill out anonymous surveys.

If there is anyone who is **NOT** authorized to pick up your child from the booth, please note below:

\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone: \_\_\_\_\_ Are there any specific medical conditions we should be aware of?

If so, please note: \_\_\_\_\_

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned, do hereby waive and hold Old Saybrook Youth and Family Services, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Old Saybrook Youth and Family Services does not provide accident or health insurance. In addition, I give permission for my child to participate in programs at Old Saybrook Youth and Family Services.

**Parent/Legal Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_