

I give permission for my child to volunteer and be photographed at the Won Community Service Center.

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_/Grade \_\_\_\_\_

Child's email: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Address City, State, Zip: \_\_\_\_\_

School name & address \_\_\_\_\_

Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Address City, State, Zip: \_\_\_\_\_

2<sup>nd</sup> emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Other information (Allergies/Medical conditions we should be aware of): \_\_\_\_\_

Parent/Legal Guardian's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

The Won Community Service Center serves anyone of any race, color, religion, national or ethnic origin, age, sex, sexual orientation, gender identity, marital status, or disability in all the programs, and activities generally accorded or made available. It shall not discriminate on the basis of race, color, religion, national or ethnic origin, age, sex, sexual orientation, gender identity, marital status or disability in administration of its educational, admission or employment policies.

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