



Youth Permission Slip

Please read, fill out, have signed, and bring with you to our shop if you are under 18! (children under 15 **must** be accompanied by a parent or designated adult.)

Child's Name: _____

Parent/guardian's Name: _____

Primary Phone: (____) ____-_____

Secondary Phone: (____) ____-_____

Address: _____

City: _____ ZIP: _____

Alternate Contact (in case parent/guardian listed above cannot be reached):

Name: _____

Phone: (____) ____-_____

Relationship to child: _____

*** Other adult(s) who have my permission to accompany my child at OCBC:**

Name: _____

Phone: _____

Name: _____

Phone: _____

As parent or legal guardian of this child,

- 1) I understand that bicycle riding and using tools can be dangerous, and I will not hold the Ohio City Bicycle Co-op, or anyone associated with them, responsible for anything that may happen to this child while under their supervision.
- 2) In case of emergency, OCBC staff and volunteers have my permission to seek appropriate medical care for my child in my absence.

Parent or guardian's signature _____ Date _____