



401 JEFFERSON AVENUE, HATBORO, PA 19040
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(215) 675-6774
WWW.THEVILLAGEPLAYERS.COM
501(c) EIN: 23-2209361

Volunteer Permission Slip

NOTE: A signed permission slip is required for any volunteer under the age of 18.

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____ DOB: _____

Email Address: _____

Emergency Contact Person: _____

Relationship: _____ Phone number: _____

Please indicate if your child has any special concerns that we need to be aware of, e.g., allergies:

I give permission for my child _____ to participate as a volunteer at the Village Players of Hatboro.

I do hereby accept full responsibility for any and all liability resulting from these activities. I further agree not to hold the Village Players of Hatboro liable for any injury sustained by my child. I also acknowledge that the information above is true and correct.

Signature of Parent/ Legal Guardian

Date