



In My Shoes.inc.
Clubs Permission Slip

Club Member Name: _____ Date of Birth: _____

Placement Name: _____ Placement Phone: _____

Placement Address: _____

What Club is your youth interested in? _____

**For a list of clubs, please visit our web at www.inmyshoesinc/club.html. **

*I give permission for _____ to attend the club outings in accordance with the In My Shoes Club of their choice. I understand that the clubs last for **9 weeks**, and that the youth will need support in assuring their availability and transportation so they can stay committed to the **9 weeks of the clubs!***

*I understand this permission slip is good for **one year from the date signed.***

I will notify In My Shoes of any placement changes during that time. I also understand my client is eligible to complete their club cycle even if they are adopted or return home.

Guardians Signature: _____

Guardians Contact Information: Full-name, Phone Number and extension, Fax number, e-mail

Medical Information: Please list any medical information that we need to know for your youth's safety. (Inform us of any medication/allergies/diagnoses; that could be affected by participating in any particular activities. Ex: some medications may cause the youth to be more sensitive to the sun.)