

SHAWYN PATTERSON-HOWARD
Mayor

DEBBIE BURRELL-BUTLER
Executive Director

DENA T. WILLIAMS
Deputy Director



CITY OF MOUNT VERNON YOUTH BUREAU
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2020-2021 STEP UP PROGRAM AFTER-SCHOOL PROGRAM
MOUNT VERNON YOUTH BUREAU RELEASE AND CONSENT FORM

Participants Name: **AGE:** **MALE:**

OTHER: **DATE of BIRTH:** **SCHOOL:**

ADDRESS:

CITY: MOUNT VERNON **STATE:** NEW YORK **ZIP CODE:**

CONTACT #: **EMAIL:**
(NOT YOUR SCHOOL EMAIL)

PARENT/ GUARDIAN NAME:

PARENT EMAIL:
(All email will go to PARENT from STEP UP PROGRAM DIRECTOR)

EMERGENCY CONTACT:

Name: **Relationship:** **Contact:**

I, **HEREBY ACKNOWLEDGE** that I voluntarily grant permission for my child participate in the Mount Vernon Youth Bureau's STEP UP PROGRAM After-School Program. Accordingly, **I agree to voluntarily waive, release and discharge from any all liability, The City of Mount Vernon, its elected appointed officials, agents and employees from any all claims, damages causes of action, demands in law and in equity from the negligence of The City of Mount Vernon, its elected and appointed official, officers, agents and employees, or otherwise**

resulting from my child's participation in the STEP UP PROGRAM. This agreement to be binding on my heir, and personal representatives, next of kin, spouse and assigns. Initial: