Parental Consent Form/Temple Beth Shalom/Children's Bingo Event - Summer 2025

Event Dates: July 14, 21, 28 and August 4, 11
Location: Temple Beth Shalom, 4419 W. Brigantine Avenue
Time: 7:00 p.m. – 8:00 p.m.

Parent/Guardian Information

- Full Name of Parent/Guardian: _____
- Relationship to Child: _____
- Home Address: _____
- Phone Number: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____
- Email Address: _____

Child Participant Information (ages 7-12)

- Full Name of Child: _____
- Date of Birth: _____
- Age: _____
- Allergies (if any): _____
- Medical Conditions (if any): _____

Parental Consent and Acknowledgment

I, the undersigned, hereby give my permission for my child, named above, to participate in the Temple Beth Shalom Children's Bingo event. I understand that this event will take place on the specified dates and location, and that Temple Beth Shalom will take all reasonable precautions to ensure the safety and well-being of my child during the event.

I acknowledge that I have provided accurate and complete information about my child's medical history, allergies, and any conditions that may require attention during the event.

In the event of an emergency, I authorize Temple Beth Shalom to seek medical treatment for my child if necessary, and I agree to cover any associated costs.

I understand that Temple Beth Shalom, its staff, and volunteers are not responsible for any personal injury, illness, or loss of property while my child is participating in the event. I also

grant Temple Beth Shalom the right to use photographs or videos taken during the event for promotional purposes.

Emergency Contact Authorization

_____ will be picking my child up from BINGO. BUT,

In case of emergency, I authorize the following individuals to pick up my child from BINGO if I am unable to do so:

1. Name: _____
   Phone Number: _____
2. Name: _____
   Phone Number: _____

The following individuals MAY NOT pick up my child.

Name: _____

Name: _____

Parental Consent Signature

By signing below, I acknowledge that I have read and understood the contents of this consent form, and I voluntarily grant permission for my child to participate in the Children's Bingo event.

- Parent/Guardian Full Name: _____
- Parent/Guardian Signature: _____
- Date: _____

For Temple Beth Shalom Use Only
Received by: _____
Date: _____
