



3309 Bunker Hill Rd., Mt. Rainier, MD 20712 Tel: 301-699-1819, Fax: 301-699-1818 www.joesmovement.org

Permission Slip

To Whom it May Concern:

I _____, being the Legal
Print your full name

Guardian of _____ Date of Birth _____ Gender _____
Print full name of Child

_____ Date of Birth _____ Gender _____
Print full name of Child

_____ Date of Birth _____ Gender _____
Print full name of Child

_____ Date of Birth _____ Gender _____
Print full name of Child

_____ Date of Birth _____ Gender _____
Print full name of Child

Hereby, grant authority to the staff of Joe's Movement Emporium to escort child(ren) to offsite activities for artistic, creative, and physical enrichment. Activities will include but are not limited to P.G. Community Pool and open play at both parks located on the grounds of Mt. Rainier Elementary School. The Cities Mount Rainier and Hyattsville will provide transportation.

Name of Guardian (Printed)

Emergency Phone Number

Signature of Guardian

Date