



**Motivating Youth to Succeed**  
啟導青年 邁步向前

STAFF USE ONLY

**PARENT/GUARDIAN CONSENT FORM**  
家長/監護人同意書

*Main Office &  
Computer Clubhouse*  
1038 Post Street  
San Francisco, CA 94109  
Tel: 415-775-2636  
Fax: 415-775-1345

*Richmond Branch Office*  
319 Sixth Avenue  
Suite 201  
San Francisco, CA 94118  
Tel: 415-752-9675  
Fax: 415-752-9033

Website: www.eyesf.org  
Email: cyc@eyesf.org

*Board of Directors*  
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Sarah Wan, M.S.W.

A United Way Agency

I hereby give permission for my son/ daughter \_\_\_\_\_ to attend:

ACTIVITY 活動: **6<sup>th</sup> Annual Bayview Youth Summit**

DATE 日期: **April 29, 2017** DONATION 捐款: **\$0**

STARTING TIME 出發時間: **10:00 am** RETURN TIME 返回時間: **2:30 pm**

LOCATION 地點: College Track San Francisco 4301 Third St., San Francisco, CA 94124

CONTACT PERSON 聯絡人: Please visit: <http://goo.gl.bSc3wi>

ADDITIONAL INFO 其他: Free admission to Southside Music Festival afterwards

with the CYC. I understand my son/daughter will be supervised by CYC Staff. I would not hold CYC liable should any accidents, injuries or misfortunes occur. In the event of injury, I, the undersigned parent or legal guardians do hereby authorize the CYC, as an agent for me, to consent to any medical treatment which may become necessary.

SPECIAL HEALTH CONCERNS: \_\_\_\_\_

我在此允許我的子/女 \_\_\_\_\_ 參加社區青年中心舉辦的上述活動。

我明白我的子/女將會受到社區青年中心的職員看管。但如有任何意外或受傷事件發生，我將不會追究社區青年中心及其職員。若果我的子/女在活動期間受傷，我在此授權社區青年中心代表或轉介所必需的醫療服務。

如有特別健康情況，請明: \_\_\_\_\_

家長/監護人簽名: \_\_\_\_\_

SIGNATURE OF PARENT/ LEGAL GUARDIAN

地址 ADDRESS: \_\_\_\_\_

家長電話 PARENT'S PHONE: \_\_\_\_\_

日期 DATE: \_\_\_\_\_

學生電話

學生電郵

STUDENT'S PHONE: \_\_\_\_\_

STUDENT'S EMAIL: \_\_\_\_\_