

Braintree After School Enrichment Program
426 Pond Street
Braintree, MA 02184
781-849-3484

On-Site Activities Permission Form

Child's name _____

I _____ give permission for my child to participate in Karate on Tuesday's from 3:15 to 4:00 or 4:00-4:45 p.m. located at 426 Pond Street.

I understand that a BASE staff member will walk my child to and from the location where karate will be held. My child will then be signed out of the BASE program during the above times. Once my child is at the karate location, I understand that BASE staff is no longer responsible for the supervision of my child. I understand that while my child is participating in karate, he/she is under the care and supervision of Kevin Carmichael of Masters Karate.

When karate ends, I understand that a staff member will meet my child at the location where karate is being held and sign my child back into the BASE Program. At this time, BASE resumes responsibility for my child.

Parent/Guardian signature

Date