



Extended Day Enrichment Program
Permission to Participate in the Youth Combine Program

By signing this document, I authorize Youth Combine personnel to check-out my child, _____ from the EDEP program. I understand that my child will be under the supervision and care of Youth Combine personnel until such time that I pick up my child or my child is otherwise checked out of the Youth Combine program. I further understand that Youth Combine is not an Alachua County Public Schools program and is not part of the EDEP program. I agree to hold Alachua County Public Schools and its employees harmless in any and all liability actions and claims in connection with my child's participation in the Youth Combine program.

Parent Signature

Date Signed

Printed Name

**PLEASE RETURN THIS FORM TO THE
EDEP COORDINATOR AT YOUR CHILD'S SCHOOL**