



The Children's Center at UCP
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UCPA of Greater Suffolk, Inc.
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Event: _____
Signature: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date: _____

DO NOT FILL IN THIS SECTION

For Parent or Guardian of: _____
(Please Print Child's Name)

I represent that I am the parent/guardian of the minor or incapable adult named above and agree that the grant and release contained therein binds us and said minor or incapable adult to all the terms thereof.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Address of Parent/Guardian _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

TO BE RETURNED TO MAIN OFFICE

<i>FOR MAIN OFFICE USE ONLY</i>
Date Received: _____
Received by: _____