



THE PLAINS COMMUNITY LEAGUE TUTORING PROGRAM
The John Page Turner Community House
6473 Main Street
The Plains, VA 20198

I, _____, give permission for my child

_____, to participate in The Plains
Community League After School Tutoring Program at The John Page Turner Community House.

I hereby assume all of the risks and hazards of participating in this activity. I waive, release,
absolve, and indemnify, and hold harmless all representatives of The Plains Community League.

I GRANT/DO NOT GRANT permission for my child to have a healthy snack provided by the
program. (Please circle your choice.)

I GRANT/DO NOT GRANT permission for my child to be photographed, videotaped or
featured in the local newspaper. (Please circle your choice.)

I hereby give The Plains Community League Tutoring Program, my permission to access my

child, _____'s school records (including *Blackboard and
Google Classroom*) and or grades and meet with teachers for the purpose of helping with academic
support this school year.

I have read carefully and understand the above conditions.

Parent signature _____ Date _____