



**Superior Court of the District of Columbia**  
**Court Social Services Division**  
**500 Indiana Avenue NW, JM-600, Washington DC 20001**  
**(202) 508-1900 | [www.dccourts.gov](http://www.dccourts.gov)**

**Parental Permission Slip**

I, the undersigned, as the Parent/Guardian/Custodian of \_\_\_\_\_, hereby grant permission for my child to participate in various activities coordinated by the Superior Court of the District of Columbia Court Social Services Division (CSSD). These activities may occur during Spring Break, the Summer Initiative, holidays, regular BARJ (Balanced and Restorative Justice) hours, and other periods while my child is under CSSD's supervision. The activities may include, but are not limited to: skating, go-carting (conventional and high-speed), fitness, playing basketball, riding bikes, horseback riding, football, swimming, trampoline parks, laser tag, sports games, camping, cultural museums, amusement parks, arcades, mini-golf, hiking, bowling, zip-lining, and outdoor adventure and water parks.

**Acknowledgment of Risks:**

I understand that my child's participation in these activities may involve inherent risks, including the possibility of accidental injuries. I hereby acknowledge and accept such risks on behalf of my child. I further understand that my child's participation in activities contracted to private or commercial firms, or services provided by third-party entities such as transportation or other services, may also present risks, for which I release CSSD and/or its agents from any liability, except in cases of gross negligence.

**Release of Liability:**

I, on behalf of myself and my child, do hereby release and hold harmless the Superior Court of the District of Columbia Court Social Services Division (CSSD), its employees, agents, and volunteers, from any and all claims, demands, actions, and liabilities, including but not limited to injuries, accidents, or damages, resulting from my child's participation in any of the aforementioned activities. This release includes activities provided by CSSD as well as third-party service providers.

**Obedience to Laws and Program Guidelines:**

It has been fully explained to me, and I understand, that while my child is participating in programming coordinated by CSSD, my child must comply with all laws of the District of Columbia, other jurisdictions, and all guidelines and rules set forth by the BARJ Program. Should my child fail to adhere to these laws and rules, CSSD may implement responses such as arrest, detention, or modification of supervision conditions, including extension, revocation, or increased supervision.

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions set forth in this permission slip.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

## Youth Responsibility

I understand that the Court is giving me an opportunity to participate in various constructive, pro-social and restorative activities while I am under supervision of CSSD or participating in a BARJ Program. I further understand that I must conduct myself appropriately at all times, especially when attending an activity with the CSSD. I am fully aware that if I do not obey all laws of the District of Columbia and other jurisdictions as well as guidelines/rules of the BARJ Program, responses such as arrest, detention or increased, extended or revoked supervision may be implemented.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Printed Name

\_\_\_\_\_  
Youth Signature

## Medical Release

### PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_

As the Parent/Guardian/Custodian of \_\_\_\_\_ I hereby authorize CSSD  
Name of Child

and/or its agents to secure medical services on behalf of my child, in the event of an accident or sudden illness. I will be notified of such incidents and will be responsible for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

### HEALTH INSURANCE INFORMATION

Health Insurance Company: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Coverage: \_\_\_\_\_  
Medicaid Number: \_\_\_\_\_ State: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature