



## Permission Form

**Event Name:** Mack Alive R.E.A.L. Program – Read, Eat, Art, Learn

**Date of Event:** July 6 – August 2, 2021

**Days of event:** Tuesday, Wednesday and Thursday (3 day a week for 4 weeks)

**Address of event:** 3746 Fischer Street (off Mack), Detroit, Michigan 48214

**Time:** 10am – 1:30pm

**Age:** 6 - 14

I give permission for my child/children: \_\_\_\_\_

\_\_\_\_\_

to attend Mack Alive - R.E.A.L Program.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**FREE** lunch will be served daily. Please let us know if your child has any food allergies.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mack Alive Staff

\_\_\_\_\_  
Date

**Disclaimer Statement: Mack Alive will work to maintain a safe and protected environment. Mack Alive will not be responsible for any liability.**

Mack Alive  
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