

# **Teen Chill Zone – Parent/Guardian Permission Form**

Teen Name:

Teen Age:

Parent/Guardian Name:

Phone Number:

Email Address:

Emergency Contact Name & Phone:

I give permission for my child to attend Teen Chill Zone at 412 Rec Center. I understand that this is a supervised, drop-in program designed to provide a calm space for teens to study, rest, and connect with peers.

I understand that Teen Chill Zone is not a therapy, counseling, or tutoring program. Staff provide supervision, safety, and general support only.

I understand that teens may arrive and leave within the scheduled program hours with parent/guardian permission.

I agree to partner with staff to support a safe, respectful environment.

Parent/Guardian Signature:

Date: