



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**Court Social Services Division (CSSD)**  
 Balanced and Restorative Justice (BARJ) Programs  
 500 Indiana Ave. St., NW Washington, DC 20001

**CSSD Parental Activity/Outing Authorization Form**

As the Parent/Guardian/Custodian of \_\_\_\_\_, I hereby give permission for my child

**(PLEASE PRINT NAME OF CHILD)**

to participate in various activities coordinated by the D.C. Superior Court/Court Social Services Division (CSSD), including activities during Spring Break, Summer Initiative, holidays, and/or regular BARJ hours, while my child is under CSSD's supervision. Some examples include, but are not limited to: skating, go-carting (conventional and high-speed), playing basketball, riding bikes, horseback riding, football, swimming, trampoline parks, laser tag, sports games, camping, Blacks in Wax (Baltimore), and Kings Dominion (Richmond).

I further understand and hereby release CSSD and/or its agents from any liability for accidental injuries to my child while in their care and from liability resulting from accidental injuries from services contracted to private or commercial firms, or individuals that provide transportation or other services, other than for gross negligence.

It has been explained to me, and I fully understand, that while participating in programming by the CSSD, my child must obey all laws of the District of Columbia and other jurisdictions, as well as all guidelines and rules of the BARJ Program. Should my child fail to adhere to laws of District of Columbia or other jurisdictions as well as guidelines and rules of the BARJ Program, responses such as arrest, detention or increased, extended or revoked supervision may be implemented.

Print/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Parent/Guardian/Custodian)**

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name/ Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_

**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.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the Parent/Guardian/Custodian of \_\_\_\_\_, I hereby authorize CSSD and/or its

**(PLEASE PRINT NAME OF CHILD)**

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 Company : \_\_\_\_\_

Name of Policy Holder : \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Policy Number : \_\_\_\_\_ Coverage : \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ State: DC MD VA

Child's Known Allergies or Physical Conditions: \_\_\_\_\_

Child's Medications: \_\_\_\_\_

Parent/ Guardian/ Custodian Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_ Date Updated : \_\_\_\_\_

Month/ Day/ Year

Month/Day/Year

SESO, SWSO, UTURN, Interstate, NESO, NWSO, LOTS, SOJBDP

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