



Brockton Community Access

P.O. Box 1057 – Brockton, MA 02303 – Tel:(508)580–2228 Fax: (508)580–0750

www.BCATV.org

PARENTAL RELEASE FORM

BCA Staff Use Only

Staff Member's

Name: _____

Date: _____

I _____ hereby give my permission for
_____ to use the equipment and facilities of
Brockton Community Cable Television Inc. / Brockton Community Access.

Please check all areas in which your minor may participate.	
<input type="checkbox"/>	BCA Studios - 1 North Main Street
<input type="checkbox"/>	The Mobile Production Van
<input type="checkbox"/>	Field production – The Brockton Area

NAME OF MINOR (Print): _____ **AGE:** _____

ADDRESS: _____

PHONE NUMBER: _____

PARENT NAME: (please print)

PARENT SIGNATURE:

Date:

IN CASE OF EMERGENCY - PLEASE NOTIFY:

NAME: _____

PHONE NUMBER: _____