Activity Permission

Participant's Name: _____
Address: _____
Phone: _____ Date of Birth: _____

If applicant is under 18 years of age

Parent/Guardian Names _____

Emergency Contact Phone Numbers: (home) _____ (work) _____

Medical Information

General Health ❑ excellent ❑ fair ❑ good ❑ poor

Health Problems _____
Physical Limitations or Allergies _____
Medication(s) being used _____

Name and Policy Number of Health Insurance Company _____
_____

Emergency Contact or an Alternative Emergency Contact if Parents have been listed above

Person to Contact in an Emergency _____ Phone (work) _____ (home) _____

Family Doctor _____ Phone _____

Doctor's Address _____

I consent to allow the staff of YouthZone to assist me or my child_____ in obtaining any medical care or attention needed in the event of an injury while participating in any YouthZone activity. In the event medical care is required, I agree to pay all physician, hospital, emergency room, and other related charges and agree that YouthZone **will not** be held responsible for **any** charges. I also understand YouthZone will make every effort possible to contact me should an emergency arise involving my child or make every effort possible to reach my emergency contact should an emergency arise involving me.

_____ _____
Signature Date Parental Signature *(if applicant is under 18 years of age)* Date

Photo Release: I agree to allow my child to participate in recruiting and/or public relations done by YouthZone in the following areas:
❑ print ❑ radio ❑ television ❑ website ❑ video ❑ presentation boards ❑ photographs

_____ _____
Signature Date Parental Signature *(if applicant is under 18 years of age)* Date

Release of Liability: I, the undersigned, being the participant or the natural or legal guardian of the youth listed above, hereby release the Board of Directors of YouthZone; the staff of YouthZone; YouthZone volunteers; and all other persons and entities from any claim of injuries which may result or occur while I or my child is participating in any program or activity sponsored by YouthZone.

_____ _____
Signature Date Parental Signature *(if applicant is under 18 years of age)* Date

Refusal to Sign: I, the undersigned, being the parent or legal guardian of youth listed above am electing to not sign a release of liability, consequently my child will not be participating in YouthZone services.

_____
Parental Signature Date