

YDA Drop-In Shuttle

-Must be completed and signed by parent for youth to ride the shuttle-

Youth's Name _____ DOB _____

Address _____ Town _____ Zip _____

Phone # _____ Grade _____

Parent/Guardian Name _____ Phone (work)# _____

Emergency Contact Name _____ Phone # _____

I give my child, _____, permission to ride the YDA shuttle from Elwood Middle School to YDA Drop-In at 71 Broadway Greenlawn, NY 11740.

I understand:

- My child will be transported and supervised by YDA Staff.
- My child must be able to function independently. Failure to do so will result in my child's removal from the program.
- The YDA does not provide any health/hospitalization insurance for my child.
- I give permission for YDA to use activity photographs for promotional purposes.
- I am responsible for promptly picking up my child **at or before 6 pm** from YDA's office (71 Broadway, Greenlawn).

In consideration on my signing this agreement, I hereby, for my child, their heirs and administrators, assume any and all risks, which might be associated with the activity. I waive and release any and all rights and claims for damages which I may have against the organizer and any other connected with this activity, their representatives, successors, and assign for all and any injuries or damages of any kind whatsoever suffered to my child as a result of taking part on the activity and transportation to and from the said activity and any related activities.

In the event that I cannot be reached in a medical emergency, I give YDA staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I release YDA staff, Board of Directors, volunteer chaperones, designated drivers and all funding sources from any liability or legal action. The following information is vital should medical treatment be necessary:

All allergies your child has: _____

Any other medical conditions or special needs your child has: _____

Any medication your child takes (note- YDA cannot administer medication): _____

Child's Medical Carrier: _____ **Policy Number:** _____

By signing this form I give the consent and agree to the conditions described above.

Signed: _____ **Date:** _____

Parent/Guardian Signature