

## Youth Directions & Alternatives PERMISSION FORM

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand:**

- All fees are non refundable and nontransferable. Substitutions are prohibited.
- This activity will be supervised by YDA staff, interns and volunteers.
- Participants in YDA activities which require the use of YDA transportation are required to travel to and from the activity with us. Youth will be transported by YDA staff or designated drivers. All activities depart from/return to our East Northport office.
- 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 am responsible for promptly picking up my child at the specified time.
- I give permission for YDA to use activity photographs for promotional purposes.

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