

2012 YMCA Youth Governors Conference

Form A

One of the highlights of our time in Washington D.C. will be the tour of the White House. In order for you to be able to participate, you must include your full name (as it appears on your Social Security card) and your Social Security number below. Please complete the information legibly and return via US Mail. Please do not send electronic copies of this form. Failure to complete this form will disqualify you from participation.

First Name: _____ Last Name: _____

Social Security #: _____ - _____ - _____

Parent/Guardian Name: _____ Relationship: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Medical Insurance Company: _____ Policy #: _____

Medical Alerts: _____ Allergies: _____

Medications: _____

Special Considerations (inc. dietary needs): _____

I hereby grant permission for the above named student to participate in the National Conference of YMCA Youth Governors. In the event that my child is found in violation of the rules of this event, I understand that I will be responsible for the costs of transporting my child home from the location of the activities. Where it is determined to be necessary, I agree to make arrangements (approved by Conference Leadership) to have my child picked-up from the Conference location. I grant permission for media taken during events hosted by the National Conference of YMCA Youth Governors to be used in the archiving and promotion of the program. Permission is granted for YMCA advisors/Assembly staff/volunteers to administer first aid. In the event my child suffers any illness or accident requiring emergency treatment while involved in any YMCA activity, I hereby give my permission for any necessary hospitalization, medication or surgery on recommendation of medical personnel, in which case all such expenses shall be covered by my family health insurance. I also release the YMCA, its staff and volunteers of all liabilities arising out of these activities. In the event of illness or injury, I waive all claims against volunteers, staff, YMCA Operations Board of Directors or operators of the YMCA or its agents that may arise from participation in the activities of the YMCA.

I HAVE READ THE ABOVE STATEMENTS IN THEIR ENTIRETY AND AGREE TO COMPLY.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____