

California YMCA Youth & Government Authorization Form

Participant Information

Participant Name _____

Address _____

City _____ Zip Code _____

Date of Birth _____ Sex _____ Age _____ Grade _____

Medical Insurance Carrier _____ Policy Number _____

Dental Insurance Carrier _____ Policy Number _____

Parent or Guardian Name _____

Mobile Phone (_____) _____ Other Phone (_____) _____

Alternate Parent or Guardian Name _____

Mobile Phone (_____) _____ Other Phone (_____) _____

Emergency Contact Name _____

Mobile Phone (_____) _____ Other Phone (_____) _____

Code Of Conduct Agreeance

I have read and understand the California YMCA Youth & Government Code of Conduct, and I accept the responsibility for my child's adherence to it. I also understand that if my child violates the Code of Conduct and is expelled from the program, that I am responsible for his/her immediate transport home from the conference or YMCA function. This transport shall be done at my expense.

Anonymous Data Collection Release

California YMCA Youth & Government continually strives to improve the program experience for participants. As part of that process we work with other YMCA organizations as well as outside researchers to design and implement surveys to learn about experiences and growth during Youth & Government as well as standard background information. The information collected is held in confidence by California Youth & Government and the researchers have no ability to identify any individual participant. Identifying information will never be released to anyone outside Youth & Government. During the course of our study we hope to conduct interviews with individual participants. Before that is done, the student and the parent will be asked to sign an additional consent form. I have read and agree to these conditions.

Media Release

Permission is granted for photographs, DVD, video, or audio recording of my child that are taken during his/her participation in the Youth & Government program, in any format including electronic media, to be used by the program for any purpose, including publicity. The participant and his/her parents hereby waive and forever relinquish any rights to such images, waive the right to prior notice of such use, and acknowledge the right for Y&G to use such images without compensation.

Medical Release

Multijurisdictional authorization and release for medical and dental treatment the undersigned, as the authorized parent or parents or legal guardian of the above named person, I hereby authorizes California YMCA Youth & Government and its authorized director and/or leaders (collectively the YMCA) or an authorized representative of the YMCA Youth & Government Program to act as guardian for the above named individual. This guardianship grants them authority to consent to any medical, dental, surgical or mental health diagnosis or treatments, and hospital care to be rendered to the individual under general or special supervision and upon advice of a health care provider licensed under the laws of the state or any other jurisdiction in which medical care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of section 25.8 of the California Family Code, as amended.

It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understands and agrees that the YMCA shall not be legally or financially liable for any claim arising from the medical or the dental care provided pursuant to this authorization.

The undersigned hereby agrees to indemnify and to hold the YMCA harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization. This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA including transportation to/from the event and shall be valid until revoked in writing by the undersigned. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor.

Signature of Agreeance

I, the undersigned, have read, understand and agree to the statements written on page one and two of this document.

Delegate Signature _____ Date _____

Printed Name _____

Guardian Signature _____ Date _____

Printed Name _____