

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Hiroshi Alex Akiba (formerly 1486 McDaniel Ave, San Jose, CA)  
Address 490 Spring Hill Drive  
City Morgan Hill, CA Zip Code 95037  
Date of Birth 4-8-95 Sex M Age 17 Grade between 11th & 12th  
Medical Insurance Carrier Kaiser Policy Number 11421883  
Dental Insurance Carrier Delta Dental Policy Number \_\_\_\_\_  
Parent or Guardian Name Kathryn Merek-Akiba  
Mobile Phone (408) 799-6044 Other Phone (N/A)  
Alternate Parent or Guardian Name Chris Harrington  
Mobile Phone (650) 400-2549 Other Phone (N/A)  
Emergency Contact Name Priscilla Merek  
Mobile Phone (408) 287-7102 Other Phone (N/A)

## 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 Hiroshi Akiba Date 6-12-12

Printed Name Hiroshi Akiba Date 6-12-12

Guardian Signature Kathryn Merek-Aki ba Date 6-12-12

Printed Name Kathryn Merek-Aki ba

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Tiffany Ashton  
Address 12302 Orizebu Ave  
City Downey Zip Code 90242  
Date of Birth 01-22-96 Sex F Age 16 Grade 10  
Medical Insurance Carrier Health Net Policy Number R06697520  
Dental Insurance Carrier Met Life Dental Policy Number \_\_\_\_\_  
Parent or Guardian Name Sean Ashton  
Mobile Phone (562) 239-7682 Other Phone (562) 862-6777  
Alternate Parent or Guardian Name Tammy Ashton  
Mobile Phone (562) 239-7963 Other Phone (\_\_\_\_\_  
Emergency Contact Name Bert Ashton  
Mobile Phone (\_\_\_\_\_) Other Phone (800) 714-520-9463

## 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.

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## Media Release

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## 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.

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### 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 Tiffany Ashton Date 6-2-12

Printed Name Tiffany Ashton

Guardian Signature Sean Ashton Date 6-2-12

Printed Name Sean Ashton

## California YMCA Youth & Government Authorization Form

### Participant Information

Participant Name CONNOR BUNNELL  
Address 3445 STACEY WAY  
City PLEASANTON Zip Code 94588  
Date of Birth MARCH 31, 1997 Sex M Age 15 Grade 9  
Medical Insurance Carrier PACIFICARE Policy Number 353054  
Dental Insurance Carrier MET LIFE Policy Number 5589951  
Parent or Guardian Name MIKE BUNNELL  
Mobile Phone (323) 363-9137 Other Phone (925) 484-2705  
Alternate Parent or Guardian Name TERRI BUNNELL  
Mobile Phone (323) 363-9138 Other Phone (925) 484-2705  
Emergency Contact Name SHEILA CONRAD  
Mobile Phone (914) 456-0028 Other Phone (845) 856-2166

### Code Of Conduct Agreeance

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### 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 Connor Bunrell Date 6/5/17

Printed Name CONNOR BUNRELL

Guardian Signature Michael C. Bunrell Date 6-5-12

Printed Name MICHAEL C. BUNRELL

NJP Program

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Katarina Brandt  
Address 2320 Vista Huerta  
City Newport Beach, CA Zip Code 92660  
Date of Birth 12/26/95 Sex F Age 16 Grade 10<sup>th</sup>, incoming 11<sup>th</sup>  
Medical Insurance Carrier UMR/United Healthcare Policy Number 911-39026-02  
Dental Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Parent or Guardian Name Kathryn Brandt  
Mobile Phone (949) 285-9839 Other Phone ( \_\_\_\_\_ )  
Alternate Parent or Guardian Name Ron Brandt  
Mobile Phone (408) 859-8000 Other Phone ( \_\_\_\_\_ )  
Emergency Contact Name Susan Flattnum  
Mobile Phone (213) 507-3050 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.

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## Media Release

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## Medical Release

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### 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 Kathryn Brandt Date 6/21/12

Printed Name Katharine Brandt

Guardian Signature Kathryn Brandt Date 6/21/12

Printed Name Kathryne Brandt

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Miguel Castillo  
Address 116 Linda Caster Pl  
City Goleta Zip Code 93117  
Date of Birth 08/04/95 Sex M Age 14 Grade 11<sup>th</sup>  
Medical Insurance Carrier Healthy Kids Policy Number # 56121  
Dental Insurance Carrier Dr. Hurtado Policy Number \_\_\_\_\_  
Parent or Guardian Name Virginia Castillo  
Mobile Phone (805) 403 3635 Other Phone (\_\_\_\_\_  
Alternate Parent or Guardian Name Fermin Castillo  
Mobile Phone (805) 403 2272 Other Phone (\_\_\_\_\_  
Emergency Contact Name Alejandro Castillo  
Mobile Phone (805) 886 3835 Other Phone (\_\_\_\_\_)

## Code Of Conduct Agreeance

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## Medical Release

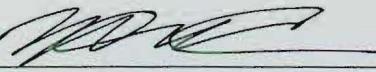
Multijurisdictional authorization and release for medical and dental treatment the undersigned, as the authorized parent or parents or legal guardian of the above named person, I hereby authorizes California YMCA Youth & Government and its authorized director and/or leaders (collectively the YMCA) or 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.

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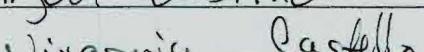
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### Signature of Agreeance

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Delegate Signature  Date 06/2/12

Printed Name Miguel Castillo

Guardian Signature  Date 06/2/12

Printed Name Virginia Castillo

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Jasmin Cruz  
Address 1010 Santa Cruz Island Dr. #73  
City Camarillo Zip Code 93012  
Date of Birth 11/19/90 Sex F Age 15 Grade 10  
Medical Insurance Carrier N/A Policy Number N/A  
Dental Insurance Carrier N/A Policy Number N/A  
Parent or Guardian Name Irma Castelan  
Mobile Phone (818) 536 9303 Other Phone (818) 206 0490  
Alternate Parent or Guardian Name Zeeshan Nadir  
Mobile Phone (818) 414 3398 Other Phone (818) 206 0490  
Emergency Contact Name Kamran Nadir  
Mobile Phone (818) 414 1036 Other Phone (310) 294 9747

## Code Of Conduct Agreeance

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### Signature of Agreeance

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Delegate Signature Jasmine Date 6/1/12

Printed Name JASMIN CRUZ

Guardian Signature IPM Date 6/1/12

Printed Name IPM+GABRIELA CASTELLAN

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Meredith Davin  
Address 9 Cherry Hills Lane  
City Newport Beach Zip Code 92660  
Date of Birth 05/11/95 Sex F Age 17 Grade 11  
Medical Insurance Carrier Blue Shield of CA Policy Number R05471  
Dental Insurance Carrier Premier Access Policy Number 3536-1  
Parent or Guardian Name Molly Davin  
Mobile Phone (949) 760-8039 Other Phone (949) 632-4354  
Alternate Parent or Guardian Name Thomas Davin  
Mobile Phone (949) 633-9322 Other Phone (949) 760-8039  
Emergency Contact Name Molly Davin  
Mobile Phone (949) 632-4354 Other Phone (949) 760-8039

## 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.

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### Signature of Agreeance

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Delegate Signature Meredith Davis Date 5/26/12

Printed Name Meredith Davis

Guardian Signature Molly S. Davis Date 5/31/12

Printed Name Molly S. Davis

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Elinor De La Torre  
Address 10330 Renoa Avenue  
City South Gate Zip Code 90280  
Date of Birth 8/5/95 Sex F Age 16 Grade 11  
Medical Insurance Carrier Unicare HealthCare Policy Number (800) 911-8772607  
Dental Insurance Carrier Denta Dental Policy Number 09949  
Parent or Guardian Name Christine De La Torre  
Mobile Phone (562) 879-6628 Other Phone (\_\_\_\_\_  
Alternate Parent or Guardian Name Hector De La Torre  
Mobile Phone (562) 413-8333 Other Phone (562) 861-3034  
Emergency Contact Name Luz Rono  
Mobile Phone (909) 721-2912 Other Phone (\_\_\_\_\_)

## Code Of Conduct Agreeance

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### 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 Elinor De La Torre Date 6/1/12

Printed Name Elinor De La Torre

Guardian Signature CDT Date 6/1/12

Printed Name Christine De La Torre

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Kyle Hennan  
Address 4920 Hampton Road  
City La Canada Zip Code 91011  
Date of Birth 11/4/93 Sex M Age 18 Grade 12  
Medical Insurance Carrier Anthem/Blue Cross Policy Number 5715CA  
Dental Insurance Carrier Guardian Policy Number 914491383  
Parent or Guardian Name Wayne Hennan  
Mobile Phone ( 818 ) 815-9671 Other Phone ( 310 ) 472-1205 ext 215  
Alternate Parent or Guardian Name Yvonne Hennan  
Mobile Phone ( 818 ) 359-2892 Other Phone ( 818 ) 952-5630  
Emergency Contact Name Chuck Hennan (Grandfather)  
Mobile Phone ( 818 ) 427-5350 Other Phone ( 818 ) 846-1940

## 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 Kyle Heemon Date 6/4/12

Printed Name Kyle Heemon

Guardian Signature Yvonne Heemon Date 6/4/12

Printed Name Yvonne Heemon

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name KALENA KETTERING  
Address 11033 OCEAN DR.  
City CULVER CITY Zip Code 90230  
Date of Birth FEB. 11<sup>th</sup>, 1995 Sex F Age 17 Grade 11<sup>th</sup> going into 12<sup>th</sup>  
Medical Insurance Carrier KAISER PERM Policy Number 0010873600  
Dental Insurance Carrier MUTLIFE Policy Number \_\_\_\_\_  
Parent or Guardian Name TONY KETTERING  
Mobile Phone (310) 955 8512 Other Phone (310) 425-8994  
Alternate Parent or Guardian Name AIMEE KETTERING  
Mobile Phone (310) 955 8621 Other Phone (310) 425-8994  
Emergency Contact Name CINDI WHITCOMB  
Mobile Phone (310) 560-0725 Other Phone (310) 390-6774

## 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 Kalena Kettering Date 6/3/2012

Printed Name Kalena Kettering

Guardian Signature Tony Kettering Date 6/3/2012

Printed Name Tony Kettering

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Johnathan Martinez  
Address 1440 N. Broadway Apt 34  
City Escondido Zip Code 92026  
Date of Birth 09/04/1994 Sex M Age 17 Grade 12  
Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Dental Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Parent or Guardian Name Joan Martinez  
Mobile Phone (760) 443 6277 Other Phone (\_\_\_\_\_  
Alternate Parent or Guardian Name \_\_\_\_\_  
Mobile 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 06-01-12

Printed Name

Johnathan Martinez

Guardian Signature

Date June 01-12

Printed Name

JUAN MARTINEZ

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Rose Meinrath  
Address 1156 Markham Way  
City SACRAMENTO Zip Code 95818  
Date of Birth 12/31/96 Sex Female Age 15 Grade 9  
Medical Insurance Carrier BlueShield California Policy Number ID# XE#J00127325  
Dental Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Parent or Guardian Name Allen Nusbaum  
Mobile Phone (916) 284-0612 Other Phone (916) 4432400  
Alternate Parent or Guardian Name Steven Meinrath  
Mobile Phone (916) 203-0280 Other Phone (916) 651-4648  
Emergency Contact Name Judy Pamter  
Mobile Phone (916) 601-1956 Other Phone (916) 492-1677

## 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 Rose Memrath Date 6/4/12

Printed Name Rose Memrath

Guardian Signature H Nusbaum Date 6/3/12

Printed Name Helen Nusbaum



# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Grecia R. Orozco  
Address 7145 De Palma Street  
City Downey, CA Zip Code 90241  
Date of Birth 8/16/1995 Sex Female Age 16 Grade 11  
Medical Insurance Carrier Aetna/HMO Policy Number BBLSN2BC /applecaremed grp.  
Dental Insurance Carrier N/A Policy Number N/A  
Parent or Guardian Name Nadja Y. Orozco  
Mobile Phone (323) 428-9244 Other Phone (562) 927-6290  
Alternate Parent or Guardian Name Victor S. Orozco  
Mobile Phone (323) 382-4244 Other Phone (562) 927-6290  
Emergency Contact Name Nadja Y. Orozco  
Mobile Phone (323) 428-9244 Other Phone (562) 927-6290

## 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

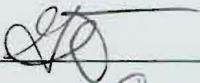
Multijurisdictional authorization and release for medical and dental treatment the undersigned, as the authorized parent or parents or legal guardian of the above named person, I hereby authorizes California YMCA Youth & Government and its authorized director and/or leaders (collectively the YMCA) or 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.

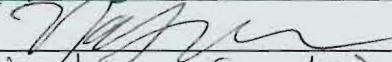
The undersigned hereby agrees to indemnify and to hold the YMCA harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization. This authorization is given to the YMCA for use in conjunction with any event operated 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 6/11/12

Printed Name Grecia Orozco

Guardian Signature  Date 6/11/12

Printed Name Nadja (Nadia) Y. Orozco

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Rachel Overstreet  
Address 29216 Golden Meadow Dr.  
City Rancho Palos Verdes Zip Code 90275  
Date of Birth 7/15/1994 Sex Female Age 17 Grade 12  
Medical Insurance Carrier N/A Policy Number \_\_\_\_\_  
Dental Insurance Carrier N/A Policy Number \_\_\_\_\_  
Parent or Guardian Name Robin Overstreet  
Mobile Phone ( 310 ) 749 8428 Other Phone ( 310 ) 544 1444  
Alternate Parent or Guardian Name Joseph Overstreet  
Mobile Phone ( 310 ) 560 8428 Other Phone ( 310 ) 544 1444  
Emergency Contact Name Matthew Overstreet  
Mobile Phone ( 310 ) 749 1119 Other Phone ( 310 ) 544 1444

## 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 Rachel Overstreet Date 5/26/12

Printed Name Rachel Overstreet

Guardian Signature Robin Overstreet Date 5/26/12

Printed Name Robin Overstreet

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Sabrina Pierce  
Address 1037 Garfield Ave  
City South Pasadena Zip Code 91030  
Date of Birth 10/16/95 Sex F Age 16 Grade 11<sup>th</sup>  
Medical Insurance Carrier Anthem Blue Cross Policy Number NCF541A70739  
Dental Insurance Carrier Principal Policy Number 907975980  
Parent or Guardian Name Sandra Pierce  
Mobile Phone (626) 840-4395 Other Phone (626) 799-1088  
Alternate Parent or Guardian Name Sam Pierce  
Mobile Phone (626) 840-4364 Other Phone (626) 799-1085  
Emergency Contact Name Myrna Bratti  
Mobile Phone (310) 721-7294 Other Phone (310) 521-9086

## 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

This part would not print because  
my printer was out of ink  
but we understand the conditions  
for the release as we read  
them off of the computer

Notary Public: By my signature below, I am the Notary Public of the Commonwealth of Massachusetts.

### 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 Salma Purr Date 6/3/12

Printed Name Sabrina Pierce Riggs

Guardian Signature Sabrina Pierce Date 6/3/12

Printed Name Sandra Pierce

## California YMCA Youth & Government Authorization Form

### Participant Information

Participant Name Kayla Suhovec  
Address 2534 Rockdell St  
City La Crescenta Zip Code 91214  
Date of Birth 9/13/95 Sex F Age 16 Grade 11<sup>th</sup> (12<sup>th</sup> in the fall)  
Medical Insurance Carrier Blue Cross Blueshield Policy Number R50847635  
Dental Insurance Carrier n/a Policy Number n/a  
Parent or Guardian Name Amy Suhovec  
Mobile Phone (818) 314-3416 Other Phone (818) 541-0350  
Alternate Parent or Guardian Name Dion Suhovec  
Mobile Phone (818) 314-0053 Other Phone (818) 541-0350  
Emergency Contact Name Amy Suhovec  
Mobile Phone (818) 314-3416 Other Phone (818) 541-0350

### 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

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### Media Release

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## 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 Kayla Svilovec Date 6/3/12

Printed Name Kayla Svilovec

Guardian Signature Amy Svilovec Date 6/3/12

Printed Name Amy Svilovec

# California YMCA Youth & Government Authorization Form

## Participant Information

Participant Name Shreyas Tirumala  
Address 2736 West 235<sup>th</sup> Street  
City Torrance Zip Code 90505  
Date of Birth 10/21/1996 Sex Male Age 15 Grade 11  
Medical Insurance Carrier Anthem Blue Cross Policy Number N60 512A70601  
Dental Insurance Carrier Anthem Blue Cross Policy Number N60 512A70601  
Parent or Guardian Name K.T. Srinivas (father)  
Mobile Phone (310) 357-8462 Other Phone (310) 539-8062 (home)  
Alternate Parent or Guardian Name Vidya Srinivas (mother)  
Mobile Phone (310) 432-3385 Other Phone (310) 539-8062 (home)  
Emergency Contact Name M.G. Mel Vasan  
Mobile Phone (513) 479-4766 Other Phone (513) 8779-2843 (home)

## 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.

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### 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 Shreyas Tirumala Date 6/1/12

Printed Name Shreyas Tirumala

Guardian Signature Vidya Srinivas Date 6/1/2012

Printed Name VIDYA SRINIVAS