

Fourth Unitarian Society of Westchester, NY

JUNIOR & SENIOR YOUTH Participation, Travel Authorization and Release 2011-2012

Name of Youth _____ 2011-2012 Grade ____ Date of birth ____/____/____

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#1 Adult Name: _____	<i>if you have another adult, please enter info for</i> #2 Adult Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

Mailing Address - Street: _____

City: _____ State: _____ Zip Code: _____

I hereby give permission for my youth to participate in the activities of the Fourth Unitarian Society of Westchester, of the Religious Education program and associated groups, the UU District of Metro NY, the Unitarian Universalist Association, and other activities and events, both on and off the premises of Fourth Unitarian Society, to attend and drive or travel by other means to such events or other places. Among the various activities in which my youth may participate, I give permission to view movies. These may be at Fourth Unitarian Society, at a movie theater or another location. Youth in 8th grade and below may view movies rated "PG-13." Youth in 9th grade and older may view movies rated "R."

Accidents can happen at any time. In consideration for Fourth Unitarian Society permitting my child to participate, and on behalf of myself and my child, I hereby release, discharge, and indemnify Fourth Unitarian Society members, directors, officers, organizers, employees, affiliated organizations, and any person associated or connected with it in any way from any claim(s) I may have against them and from any claim(s) my child may have for any injury or illness arising out of my youth's participation in the activities.

Please complete if your youth has health insurance: Insurance Company _____
Policy # _____ Policy Holder _____

My youth has the following allergies, dietary restrictions, medical conditions, or other situation of which Fourth Unitarian Society should be aware: _____

_____.

I give my consent and authority for an adult present for the activity with my youth to take any reasonable action to help ensure the safety, health and welfare of my youth, and absolve the staff of liability. I give permission for any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician or hospital to safeguard my youth's health when I cannot be contacted. I agree to be responsible for any medical expenses not covered by my insurance.

In case of emergency:

If unable to reach me, please contact:

Name _____ Relationship _____ Phone (____) ____ - _____

*I am a parent or legal guardian of the youth named on this form, I have fully disclosed all pertinent facts and acknowledge full responsibility for any omission or misstatement regarding such matters. **This participation, authorization and release shall remain in effect for the full 2011-12 RE Program year unless I rescind it in writing.***

DATE

PARENT/GUARDIAN