

Youth Group

YOUTH & PARENT PARTICIPATION AGREEMENT

Youth Participant: _____

Grade: _____

Acknowledgment of Behavior Expectations & Consequences

By signing this Agreement, I have read and understand the Youth Group Program Guide that has been provided to me. I have read and understand the Behavior Expectations that are attached and have discussed them in detail with my son, daughter, or youth in my custody. I understand that these Behavior Expectations will be taken seriously and strictly enforced by the adult advisors and youth leaders. Further, I understand the consequences for failure to comply with these Behavior Expectations, including removal from the youth group, and agree to consistently reinforce appropriate behavior and good decision making with the youth participant whose name appears above.

← *Parent's Initials*

Permission to Stay After School (Bear Creek Community Charter School)

The youth participant named above currently attends Bear Creek Community Charter School and I grant permission for them to remain after normal school hours to participate in youth group activities.

← *Parent's Initials*

Photography Release

I grant permission for myself/my child to be photographed, and/or videotaped while participating in the youth group activities for the purposes of publicity, staff training, and/or promotion. I consent to the use of any video images, photographs, audio recording, or any other visual or audio reproduction that may be taken subject to this release during the activity/event to be used, distributed or shown as the Bear Creek Foundation and/or the youth group advisor determines.

← *Parents Initials*

Youth Pickup & Release

I grant permission to the youth group advisors and representatives of the Bear Creek Foundation to release the youth participant named on this form to the individuals indicated below. I understand that youth participating in youth group activities must be picked up within 15 minutes of the conclusion of the activity. Only those individuals indicated below will be permitted to pick up the youth participant, and positive photo identification (driver's license) will be required.

← *Parents Initials*

Name of Person Authorized to Pick Up Youth Participant

Relationship

Informed Consent & Permission for Emergency Transportation/Treatment

As the parent or legal guardian of the youth participant whose name appears above, I hereby give consent and/or authorization for the youth participant to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the Commonwealth; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I understand it is my responsibility to provide accident and health insurance coverage for the youth participant and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees. I have examined the information contained in this packet and find that all information is correct

I understand that I will be notified if the youth participant becomes injured and/or ill while attending youth group activities. I agree that upon notification of the youth participant's injury and/or illness, I will have her/him picked up immediately. In case of an emergency or when I cannot be reached, I hereby give authorization to the youth group advisor or other authorized representatives of the Bear Creek Foundation to contact other parents, legal guardians and/or emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the youth group advisor, agents, and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of the youth participant.

By signing this agreement, it is my intention that the youth group advisor or other authorized representatives of the Bear Creek Foundation be treated as acting *in loco parentis*, and be treated as personal representatives for the purposes of disclosing protected health information pursuant to the privacy regulations of the Health Insurance Privacy and Portability Act (HIPPA) of 1996. I agree to disclosure of protected health information to youth group representatives of the youth participant as necessary: (1) to provide relevant information to youth group representatives related to the person's ability to participate in youth group activities; (2) to provide relevant information to youth group representatives to keep me informed of the youth participant's health status.

← **Parents Initials**

AGREEMENT & RELEASE

1. In consideration of my child’s participation in activities of the Bear Creek Foundation, including the youth group program (the “Activity”), and intending to be legally bound, each of the undersigned agrees to assume full responsibility for any injuries or damages which may occur to my child as a result of, in connection with, or arising out of my child’s participation in the Activity, and agrees that the Bear Creek Foundation (the “Foundation”), the Bear Creek Community Charter School (the “School”), and its officers, board members, employees, agents, volunteers, chaperones and sponsors (“Released Parties”) will not be liable to the undersigned or my heirs, executors, administrators or assigns, for any injuries or damages of any nature whatsoever, whether or not resulting from the prior or contemporaneous negligence of the Released Parties, or any other person or persons whose actions or omissions to act may be imputed to the Foundation and/or School, and does hereby fully and forever release and discharge the Released Parties or any other person or persons whose actions or omissions to act may be imputed to the Foundation and/or School from any and all claims, demands, injuries, damages, rights of action, or causes of action, present or future, whether known, anticipated or unanticipated, resulting from or arising out of my child’s participation in the Activity, and agrees to indemnify and hold harmless the Released Parties or any other person or persons whose actions or omissions to act may be imputed to the Foundation and/or School from any and all claims, demands, injuries, damages, rights of action, or causes of action which in any manner result from or arise out of my child’s participation in the Activity, including overnight travel.

2. Each of the undersigned represents to the Foundation and School that my child is in good health and sound physical condition and that I have no knowledge of any physical conditions which would render my child unable to participate in the Activity, including overnight travel.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the undersigned has signed this Agreement and Release.

Date

Parent/Guardian

Date

Parent/Guardian

Name of Youth Participant

HEALTH INFORMATION & EMERGENCY CONTACT INFORMATION

Name of Youth: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Names: _____

Parent/Guardian Cell Phone Number: _____ Work Number: _____

Emergency Contact Information (in the event we cannot contact a parent or guardian)

Name: _____ Relation: _____ Phone Number(s): _____

Name: _____ Relation: _____ Phone Number(s): _____

Physician's Name: _____ Phone Number: _____

Medical Insurance Provider: _____ Policy Number: _____

Important Health Information (If Yes, please provide an explanation by writing on the back of this page).

- | | | |
|---|------------------------------|-----------------------------|
| Does the youth participant have a pre-existing medical condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the youth participant currently taking any drugs or medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the youth participant have heart conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the youth participant have high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the youth participant been diagnosed with diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the youth participant been diagnosed with asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the youth participant been diagnosed with mononucleosis in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the youth participant experience fainting or motion sickness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the youth participant have any allergies (food, bees, insects, medicines)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you foresee any problem with the youth participating in physical activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the youth participant restricted from eating certain foods or participating in certain activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the youth participant had any recent injury, illness or infectious disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the youth participant wear glasses, contacts or protective eye wear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the youth restricted from eating certain foods or participating in certain activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the youth have a disability (physical, intellectual, emotional)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* If yes, use the back of this page to indicate the functional implications and any concerns about participation related to the disability.

Please use the reverse side of this two page form to include any additional information related to the youth participant's health, special restrictions or considerations the youth advisors may need to be aware to assist us in providing safe and healthy activities for all children.

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Any medications the participating youth must take during a youth group activity must be included on this form. The youth participant must provide the medication to the youth group advisor at the beginning of the activity in its original container, identifying the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. The youth group advisor will retain custody of the medication until which time the youth notifies the advisor, at which the youth will be permitted to take the medication. Whenever a question regarding medication arises, the youth participant’s parent/guardian will be notified.

Please identify any and all medication the youth participant, the dosage and the schedule for which it should be taken:

<u>Medication</u>	<u>Dosage</u>	<u>Schedule</u>

I give my permission for the youth participant to be provided the following using manufacturer’s instructions:

- | | | | |
|-----------------------------|--|----------------------------|--|
| Acetaminophen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diphenhydramine (Benadryl) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Antacid (Rolaids, Tums) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Topical Antibiotic Ointment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sunblock/Solarcaine | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parent/Guardian Acknowledgment & Consent

I acknowledge that there is the possibility of bodily injury whenever youth travel and participate in recreational activities. To the best of my knowledge, the above named youth participant is in good health and capable of extended physical activities. I have read and understand the information in the Youth Group Program Guide, including the Health Information & Emergency Contact Information Form, and understand all the information it contains. I further agree to notify the youth group advisors in writing if I become aware of any of the above permissions or information about my son, daughter or child in my custody has changed. I understand that engaging in any youth group activity is a personal choice and completely voluntary, and I authorize the person whose name appears above to participate in youth group activities.

Parent/Guardian’s Signature

Parent/Guardian Name (Please Print)

Date

Youth Participant’s Acknowledgment

I have chosen to participate in youth group activities and I have read and understand the Youth Group Program Guide that has been given to me, including the Behavior Expectations. I agree to follow the rules that are listed in this Guide. I understand that the rules and expectations will be taken seriously and strictly enforced by the adult advisors and youth leaders. Further, I understand the consequences for not following the rules or meeting the expectations of the youth group. I understand that I may be not participate in youth group activities if I do not follow the rules.

Youth Participant’s Signature

Date

Parent/Guardian Acknowledgment

I acknowledge that I am the parent or legal guardian of a youth who has elected to participate in youth group activities. I hereby give my son, daughter or youth in my custody permission to participate in the youth group and youth group activities.

By signing this Agreement, I have read and understand the Youth Group Program Guide that has been provided to me. I have read and understand the Behavior Expectations that are attached and have discussed them in detail with my son, daughter, or youth in my custody. I understand that these Behavior Expectations will be taken seriously and strictly enforced by the adult advisors and youth leaders. Further, I understand the consequences for failure to comply with these Behavior Expectations, including removal from the youth group, and agree to consistently reinforce appropriate behavior and good decision making with my son, daughter, or youth in my custody.

As a condition of elective participation in youth group activities, I understand that I am required to complete and return a signed Participation Agreement, Agreement & Release, along with emergency contact information, permission to treat my child in the event of an emergency, and pick-up & release approval.

Parent/Guardian’s Signature

Parent/Guardian Name (Please Print)

Date