

**PARENTAL CONSENT & TRANSPORTATION RELEASE FORM**

***A parent or guardian must sign the following:***

I give permission for my child \_\_\_\_\_ to participate in the Lenawee YOUTH Council sponsored by the Lenawee Community Foundation and activities sponsored by the group, including travel to the activities.

I hereby release the Lenawee Community Foundation and Lenawee YOUTH Council and their volunteers from any liability resulting from events beyond its control. In the event of an accident or illness, the Lenawee Community Foundation and Lenawee YOUTH Council or its agents or volunteers are authorized to provide medical care as deemed necessary for the welfare of my child. Lenawee Community Foundation and Lenawee YOUTH Council will make every effort to contact parents/guardians immediately if necessary.

I also give permission to the Lenawee Community Foundation to use any and all photographs, written comments, and/or videos/audios of my child obtained while participating in the program and to utilize his/her name. These opportunities arise from time to time to provide positive information and publicity for our program.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Date \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

**Medical Information:**

Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Signature of policy holder \_\_\_\_\_

Does your son/ daughter have any medical conditions we should know about?  
(allergies, recent illness, dietary needs, physical limitations, etc.) If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT AGREEMENT

As a participant, I agree to do what I can to enhance the learning environment for myself and for all of the participants of the program.

1. I agree to respect the property both of the program and of others.
2. I understand that those causing damage will pay for damage done to the program materials, equipment, and/or site.
3. I agree to stay on site and with my group unless given permission by the adult coordinator.
4. I agree to attend and be on time for all activities.
5. I agree to respect the rules.
6. I understand that drugs of any kind (including alcohol and tobacco) have no place in the program because they are destructive to the group and the individual. Any participant who is caught or admits to using such substances will be dealt with in accordance with the following policy:
  - a. While hearsay alone cannot lead to immediate consequences, it will lead to an investigation.
  - b. Upon the determination that a violation has been committed, a parent/guardian will be notified and the participant will be sent home immediately at his/her own expense.
  - c. In the event that a participant is knowingly found to be or admits to having been in the presence of a participant in violation of the above stated policy, disciplinary action will be taken at the discretion of the staff.

I authorize the release of my name and photograph. I understand that this information may be used by the Lenawee Community Foundation for organizational purposes only, and that the information authorized by this release may be made public.

I have read and understand these rules, agree to adhere to them and realize that a violation of any rule may result in my removal from the program and being sent home.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_