



2019-20 AUTHORIZATION FORM

DELEGATION INFORMATION

Delegation Name: _____

CONTACT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Gender: _____ Age: _____ Grade: _____

Parent or Guardian Name: _____

Mobile Phone: _____ Email Address: _____

Alternate Parent or Guardian Name: _____

Mobile Phone: _____ Email Address: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____

Mobile Phone: _____ Other Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Dental Insurance Carrier: _____ Policy Number: _____

MEDICAL INFORMATION

What (if any) medical condition(s) do you have that might affect your experience at conference?

If you have any serious allergies (food, medication, insect), list them:

If you are taking any prescription medications, list them:

If you are currently under a doctor's care, explain reason:

Participant Name: _____ **Delegation (If applicable):** _____

CODE OF CONDUCT AGREANCE **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

For participants and volunteers: By signing, I acknowledge that I have read, understand and will follow the California YMCA Youth & Government (Y&G) Code of Conduct at all Y&G conferences and functions. A current copy of the Code of Conduct can be found on www.calymca.org/modellegislature-court.
For parents/guardians of participants: By signing, I acknowledge that I have read and reviewed the Code of Conduct with my child 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 their immediate transport home from the conference or YMCA function. This transport shall be done at my expense.

MEDIA AND DATA COLLECTION RELEASE **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

Permission is granted to California YMCA Youth & Government (Y&G) and their authorized representatives to take photographs, video and audio recordings (collectively referred to as media) of participants and volunteers during their participation in Y&G sponsored programs and events. Media in any format, including electronic media, may be used for any purpose, including publicity. Permission is also granted to Y&G and their authorized representatives to gather survey data about me and or my child and their Y&G experience. The participant and his/her parents hereby waive and forever relinquish any rights to such media and or data without compensation. I have read and agree to these conditions.

TRANSPORTATION **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

I hereby grant California YMCA Youth & Government (Y&G) permission or an authorized representative of the Y&G program in conjunction with the local YMCA or school (if applicable) to transport my child by bus, airplane or other necessary vehicle for conference or training purposes and/or medical need.

EMERGENCY COMMUNICATIONS RELEASE **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

Permission is granted for California YMCA Youth & Government (Y&G) to access and use the mobile phone numbers provided Y&G and/or my sponsoring delegation for emergency communications.

PARTICIPANT HOTEL ACCOMMODATIONS **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

I understand that the hotel sleeping accommodations are shared with other participants up to the maximum allowed by fire code and as determined by hotel standards. Participants seeking reasonable housing or rooming accommodations must communicate their request in advance of conferences to their local YMCA or school who will work with the California YMCA Youth & Government housing team. If there are any concerns or questions about housing at conferences or rooming assignments, please contact your local YMCA or school.

REFUND POLICY **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

I understand that all fees paid to California YMCA Youth & Government are non-refundable. Participants should check with their local YMCA or school regarding any other applicable refund policies.

MEDICAL RELEASE **Parent/Guardian Initials:** _____ **Participant/Volunteer Initials:** _____

I hereby authorize California YMCA Youth & Government (Y&G) and its authorized director and/or leaders (collectively the YMCA) or an authorized representative of the Y&G program in conjunction with the local YMCA or school (if applicable) to act as guardians for the above-named individual. This guardianship grants 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 emergency 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. I have read and agree to these conditions. This form may be copied for emergency purposes. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs. For parents or guardians with participants under 18, all efforts will be made to contact the minor's parent or legal guardian prior to the rendering of medical or dental care. If the emergent nature of the event demands immediate attention, the above listed guardians are authorized to provide the necessary permission needed for treatment required. 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. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor. 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.

Updated September 12th, 2019

SIGNATURE OF AGREEMENT

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

Participant or Volunteer Signature _____ **Date** _____

If under 18, Parent/Guardian Signature _____ **Date** _____

Printed Name of Parent/Guardian _____