



For Youth Inc

Unity in the Community 2010 Permission Slip

Where: Foothills of Montecito, CA
When: Friday, May 21st to Sunday, May 23rd 2009
Cost: All meals and Eventware provided

Please Check One

Pick up Locations: Goleta Valley Community Center []
West Side Boys & Girls Club []
Franklin Center []

Times: Pick up 5/21: 2:15 PM
Return 5/23: 1:30 PM

As a participant of YSTRIVE, I agree to abide by all rules and policies of YSTRIVE, Project Excel and Casa De Maria. If I fail to abide by the rules I may be sent home and I lose all community service hours and/or class credit. I also understand that removal from this trip may disqualify me from all future retreats and activities with YSTRIVE. I acknowledge the possibility of a random search of my personal property or person to ensure the safety of all YSTRIVE Participants.

Participant's Signature _____ Age ____ DOB ____/____/____ Cell () _____

A. Female/Male ____ School: _____ Choose your Tee-shirt Size S [] M [] L [] XL [] 2XL []

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR, LIABILITY AND PHOTO RELEASE

- (I) (We), the undersigned parent(s) or guardian(s) of _____ Name of Minor _____ a minor, do hereby authorize the YSTRIVE FOR YOUTH INC ORGANIZATION for the above named my consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or and X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provision of the Dental Practices Act, California Business and Professions Code §1600 et. seq.
(II) (We), the undersigned release the YSTRIVE ORGANIZATION, Its staff and volunteers for any and all liability while participating in, in route to or in route from a YSTRIVE function. We take sole responsibility for our actions and the actions of our minor child while involved in a YSTRIVE function up to and including any injury, lost of life or permanent disability sustained. At no point shall we or a representative or our make any claims for lost or damage to YSTRIVE for Youth Inc.
(III) I hereby grant to YSTRIVE, its employees and its agents the right to photograph, video or create a physical likeness of my dependant minor for the sole purposes of publishing or reproducing their photos, video or other media to their website and other related print material. I understand that all photos will be age appropriate and discerning and I can request their removal at anytime. YSTRIVE will not release the rights to its photographs, video or physical likeness reproduction to any entity or person without first seeking my expressed written consent.

I hereby certify that I am the custodial parent or guardian of the minor listed herein and have the aforementioned rights to assign.

Minor's PHYSICIAN Name _____ Medical Insurance Provider _____

Parent/Guardian _____ Relationship to minor _____
(PRINT NAME)

My signature below states that I have read and understand the above information.

Parent/Guardian _____ Date ____/____/____
(SIGNATURE)

Address: _____ City: _____ State: _____ Zip _____

Phone: Home () _____ - _____ Work () _____ - _____ Ext _____ Cell () _____ - _____

Emergency Contact: Name _____ Phone No. () _____ - _____

Parents - Remove this section and keep for your records

Emergency Contact Numbers: (805) 896-6320 or (661) 212-7201

When: Friday, May 21st to Sunday, May 23rd 2009

Pick up Locations: Goleta Valley Community Center
West Side Boys & Girls Club
Franklin Center

Times: Pick up 5/29: 2:15 PM
Return 5/31: 1:30 PM