

# Participation Permission – Summer Stretch Program

I/We (parent or guardian) give our youth

Name	Age	Medications	Other health issues	Youth cell phone #

permission to be a part of the Summer Stretch Program, July 2014 . In the event of an emergency I/we give our permission for the Summer Stretch leaders (or responsible chaperone) to secure treatment at the nearest medical facility. I/ we give our permission to the physician to administer treatment. I/we have read and understand the following policies as set by the Summer Stretch Program Directors

- A waiver form must be signed by parent/legal guardian for any youth attending event sponsored by Summer Stretch and for any activities in Olivia and surrounding communities.
- Drivers for sponsored events must be 21 years of age or older.
- Ratio of counselors to youth on out-of-town activities for youth in grades 6-12 is one adult (21+) to every 7 youth.
- Behavior of an obscene, immoral, or disruptive nature may warrant immediate dismissal from the particular church activity, with return transportation to be provided by parent or guardian.
- Any suspicion of possession of stolen property, illegal drugs, alcohol, or tobacco products will give permissible cause to search personal property. If caught with any of the above listed items, there will be notification of program director, parent/guardian and possibility of immediate dismissal with return transportation to be provided by parent or guardian.
- No youth will leave the event/property without personally notifying the Program Director or event leader.

**We will be photographing the activities. Some of these pictures may be used on Summer Stretch Facebook page.**

My child's picture may be used     My child's picture may NOT be used

\_\_\_\_\_ (Signature of parent/guardian)

\_\_\_\_\_ (Date)

**Emergency contact and Medical Information**

Contact Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Contact Person \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Insurance \_\_\_\_\_  
 Policy number \_\_\_\_\_

Are the above named youth included in this policy?    Yes    No